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AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

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THE AMERICAN PRACTITIONER.

JANUARY, 1879.

Certainly it is excellent discipline for an author to feel that he must say all that he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

Original Communications.

THE IODIDES OF CINCHONIDIA AND QUINIA CHEMICALLY AND THERAPEUTICALLY CONSIDERED.

BY JOHN VANSANT, M. D.

Surgeon United States Marine Hospital Service.

If one examines the index to that mine of pharmaceutical, chemical, and therapeutical knowledge, the *United States Dispensatory*, no mention will be found made therein of iodide of quinia, or of iodide of cinchonidia, but "iodide of sulphate of quinia (note)," and "iodo-cinchonia sulphate (note)," will be observed as I have quoted. On reference to the proper page, an account can be read of those remarkable compounds of the alkaloids of cinchona with iodine and sulphuric acid, discovered by Dr. Herapath, of England, and called artificial tourmaline, from their notable influence in polarizing light like that mineral; but there is no notice of any simple iodide of these alkaloids, and I have not observed any such notice elsewhere. The artificial tourmaline is in crystals of an emerald green color, insoluble in water or cold dilute alcohol, and

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contains, as just stated, the elements of quinia and sulphuric acid combined with iodine.

I have recently succeeded in isolating and analyzing two distinct combinations of iodine with cinchonidia, and also corresponding combinations with quinia.

For about three years past, I have been using with remarkable success, in a great number of cases of malarial, rheumatic, and constitutional syphilitic diseases, a combination of equal parts of quinia or cinchonidia sulphate, citric acid, and iodide of potassium, dissolved in pure water; two grains of each of the solid ingredients being given at a dose, and this repeated three or four times daily. I have also, during that period, given the formula to many medical friends, who have uniformly reported favorably on its activity as a therapeutic combination.

My attention was first directed to this matter by the following circumstance: A seaman, suffering from tertian intermittent and secondary syphilis, presented himself at the Marine Hospital office, in New Orleans, where I was then (three years ago) stationed, and asked relief. I wrote a prescription containing quinia sulph., potas. iodid., dilute sulphuric acid, and water, and sent it to an apothecary to be compounded. Soon the patient brought back the bottle of medicine to me, saying it had turned nearly black and he was afraid to take it. I found a copious, dark, brownish-red precipitate, about one-fourth of an inch thick at the bottom of the vial, and, on shaking the latter, all the fluid became opaque and blackish from the mixture therewith of the fine sediment. This deposit, the patient said, began to occur soon after he left the apothecary's shop, though the medicine was clear and of a pale amber color when he received it, and he had added nothing to it, neither had he done anything to it except carry it in his pocket and set it aside at his home. I was somewhat puzzled to know what the precipitate was. At first I thought it was iodine; but then, as there was an excess of iodide of potassium in the solution, this should have dissolved any free iodine, and closer examination and a microscopic inspection

showed it was not iodine, though in some respects it behaved like that substance would, for it was soluble in alcohol, and gave a violet color with starch-water, and a very small quantity of hyposulphite of sodium added to the darkened medicine cleared it up.

Another similar prescription was given, and I visited the apothecary to see what was the cause of the precipitation; but he could shed no new light on the subject. I found that the water employed had something to do with it, for when *distilled* water was used the discoloration was much slower in appearing, but finally it did occur, sometimes after a day or two. As the remedy proved exceedingly efficient, I made a number of experiments to find a mode of combining the cinchona alkaloids and potassium iodide in solution so that no precipitation should occur, and finally found that by using *citric acid* and *pure water* this could be effected.

When to a solution of equal weights of sulphate of cinchonidia and citric acid in a sufficient quantity of water, a like weight of iodide of potassium is added, a notable change at once occurs in the solution, which assumes a pale yellow color, and the beautiful blue fluorescence at once disappears; the liquid, however, still turns the plane of polarized light to the *left*, as it did prior to the addition of the iodide of potassium. The solution now contains *prot-iodide of cinchonidia*—($C_{40}H_{24}N_2O_2I$)?—sulphate and citrate of potassium, and some undecomposed iodide of potassium, and citric acid; and, by careful evaporation, a solid mass can be obtained consisting of the above-mentioned constituents. If this be pulverized and then washed in a small quantity of ice-cold water, the salts of potassium and the citric acid can be removed, and but little of the prot-iodide of cinchonidia will be dissolved, as the latter is slowly soluble in cold water. Sometimes, when a large quantity of a nearly saturated solution of the prot-iodide of cinchonidia, containing also the potassium salts and acid just named, has been kept standing for a long time, several months, a considerable deposit of the pure prot-iodide may be found on the bottom of the containing bottle.

This deposit seems to the naked eye formed of small, granular, adherent, opaque masses, of a semi-crystalline character, and sulphur-yellow color; but viewed with a microscope by reflected light, the small nodules are seen to be composed of a great number of minute hexagonal prisms, sharpened at the ends, and grouped together in the form of a rosette, making a beautiful specimen for preservation. It is not freely soluble in cold water, but hot water dissolves it readily, and it is not precipitated on cooling; it is also soluble in alcohol. Its solution is neutral to test-paper; it is odorless, but is intensely and peculiarly bitter to the taste; it produces no discoloration in solution of starch. I at first thought it probable that this deposit was a double iodide of cinchonidia and potassium; but when a portion of it was carefully heated on platinum foil over a spirit lamp, it melted, turned dark, emitted fumes, swelled up, becoming a porous mass of charcoal, which finally entirely disappeared under continued heat, leaving no ash or residuum.

The absence of potassium was also proved by adding tartaric acid to a solution of the yellow deposit in dilute alcohol, when no precipitate of bitartrate of potassium occurred.

When chlorine water was added to a watery solution of this deposit a copious dark brownish-red precipitate was produced, the *bin iodide of cinchonidia*—($C_{40}H_{24}N_2O_2I_2$)?—which, being filtered out, and water of ammonia added to the filtrate, a slight opalescent cloud, quickly dissolving, was formed, showing that only a very small quantity of cinchonidia in the form of prot iodide remained in solution unchanged into bin iodide. This dark red bin-iodide is also precipitated when Labarraque's solution, *liquor sodæ chlorinatæ*, is added to a solution like the last mentioned of the pure prot-iodide, or to the medicinal formula containing sulph. cinchon., acid citric, and pot. iodid. in solution with water. The chlorine, in these cases, taking up part of the cinchonidia, leaves two equivalents of iodine to combine with the remaining cinchonidia. The bin-iodide can be formed, too, by adding more iodine, in the form of

comp. tinct. iodine, to a watery solution of the yellow prot-iodide of cinchonidia.

The prot-iodide can be produced equally well from a solution of the citrate of cinchonidia, by the addition of potassium iodide (thus excluding the elements of sulphuric acid); and the bin-iodide will be thrown down from such a solution by adding chlorine as before mentioned.

Bin-iodide of cinchonidia is a dark brownish-red powder, somewhat crystalline under the microscope, insoluble in cold water, or in solution of iodide of potassium, or citric acid; strong solution of soda decomposes it with deposit of cinchonidia; it is slightly soluble in boiling water, from which it is precipitated on cooling; it is soluble in alcohol cold or hot, and is slightly soluble in glycerine. Its taste is disagreeable and metallic, but less bitter than that of the yellow prot-iodide. It produces a violet tint when added in tincture to starch-water.

When the alkaloid quinia, or the officinal *quinie sulphas* of the pharmacopœia, is substituted for cinchonidia in the above described processes, similar reactions occur, though the resulting iodides of quinia are not precisely like those of cinchonidia. The *prot-iodide of quinia*, when first formed, has the appearance of a dense oily fluid, which gradually in the cold crystallizes into amber-yellow, transparent, acicular crystals, that melt at a temperature of about 100° Fahr., and are but slightly soluble in cold water, though freely so in hot. The solution turns the plane of polarized light to the *left*. The *bin-iodide of quinia* has also a crystalline character, and is of a darker red color than the similar cinchonidia iodide. The crystals are very small, irregularly adhering together, and their shape is difficult to determine. It is non-volatile, insoluble in water, but soluble in alcohol, and strikes a violet color with solution of starch.

In regard to the therapeutic value of these iodides, I can not speak positively as to that of the *bin-iodides*, as I have not tried them sufficiently, though there is reason to believe they

are very active; but of the great medicinal value of the *prot-iodide* of quinia, and of the corresponding salt of cinchonidia, I will offer unhesitating testimony. I have used the iodides of both these alkaloids in a very large number of cases—running into the thousands—and I can think of no remedy that is so useful in such a variety of maladies, and has proved in my hands so generally satisfactory, as the *prot-iodide of cinchonidia*. It is a most excellent tonic in debilitated states of the system arising from many causes; and it is useful in all that large class of diseases in which quinia, or iodide of potassium, or both, may be required. The watery solution can also be used without decomposition in connection with other medicines in special cases when desired, as for instance in combination with a small quantity of tincture of colchicum or of aconite, in rheumatism or neuralgia; with iodide of potassium in syphilis; with tincture of opium or solution of morphia, in diarrhea and dysentery; or with tartar emetic and morphia, in pneumonia or bronchitis. In malarial fevers I think it more efficient and prompt than twice the weight of any of the alkaloids of cinchona, combined and administered as they usually are.

I will just add the prescription I usually give, and recommend it to the profession generally for trial.

℞ Cinchonidiæ sulph.,	} āā 1.5 gram, (about grs. xxiii.)
Potassii iodidi,	
Acidi citrici,	
Aquæ distil., . . .	

Dissolve the cinchonidia and acid in the water, then add the pot. iod. and agitate.

Sig. Dose, a tablespoonful in water, three or four times a day.

CINCINNATI, OHIO.

THE ANTIPYRETIC TREATMENT OF TYPHOID FEVER.*

BY G. C. SMYTHE, M. D.

In this paper I shall consider the treatment of typhoid fever by cold baths and large doses of sulphate of quinia; and present the history of some cases I have treated by these means only. A brief historical reference to the use of cold water as a therapeutic agent will be appropriate at the outset.

Cold water has been used in various ways in the treatment of typhoid fever and other maladies from time immemorial, but it is only recently that the subject has received that attention its importance demands. Water was used externally for the treatment of acute diseases, and more especially fevers, by Hippocrates, two thousand three hundred years ago; and indeed this, with a well-regulated diet, and a firm reliance on the "*vis medicatrix nature*," with the use of comparatively few drugs, seems to have constituted his chief therapeutics. In Horace we find mention of Antonius Musa, physician to the Emperor Augustus, as a hydropathist. He succeeded in curing the emperor of a long and severe disease, the nature of which is unknown, by cold bathing; but unfortunately the same treatment applied to the case of the young prince caused his death. Both Galen and Celsus, in their writings, speak highly of water in the treatment of fevers; and all through the Middle Ages many renowned physicians, such as Ætius, Paulus Ægineta, and the more celebrated Paracelsus, the founder of the chemical school of medicine, were advocates of water in the treatment of acute, but not of chronic, diseases. There had been no work published, devoted exclusively to this subject, prior to A. D. 1723, when Nicoli Lanzani, a Neapolitan physician, produced a treatise of considerable merit for the period in which it was written; and about the

* Read before the District Medical Society of Western Indiana, at Greencastle, Ind., December 11, 1878.

same time, or perhaps a little earlier, Sir John Floyer and Dr. Baynard began to use water extensively in England, and published a joint work of considerable merit, denominated the *Psychrolousia*; and henceforth this branch of medicine had a literature of its own. The first scientific work on this subject was published in England in 1797, its author being Dr. James Currie, who recommended the use of cold affusions in typhus and other fevers, giving systematic and precise directions for their application.

Those writers whom I have mentioned, restricted the use of water to the treatment of acute diseases. As a matter of history the so-called hydropathic school of medicine does not claim, and is not entitled to, such great antiquity, since heretofore water had been used only by the regular profession and in conjunction with other therapeutic measures. The honor of originating the hydropathic school or system of medicine was reserved for a humble Silesian farmer, an uneducated man, although something of a genius, Vincent Priessnitz. He first treated himself and members of his own family with water, then extended its use to the poor of his neighborhood, devised a number of baths, prescribed exercise, diet, fresh air, mental quietude, etc.; and finally in 1826 opened an infirmary or water-cure establishment in Grafenberg. There in twenty years he treated seven thousand five hundred patients with only thirty-nine deaths, if his statistics are to be believed, and they seem to be certified to by the Austrian police registry. My own opinion is that, like some more modern water-cure establishments, he must have sent all his patients home to die who were able to travel.

During the succeeding twenty years the use of water as a therapeutic agent passed almost entirely into the hands of quacks and ignorant pretenders, who, incapable of making scientific observations, opened up water-cure establishments in various parts of this country and in Europe. The first established in this country were in New York City and the State of Vermont, a little over thirty years ago. Meantime, the attention of scientific physicians was directed to this subject, especially

in Germany, and such men as Niemeyer, Hallman, Ziemssen, Liebermeister, and others, rescued this valuable therapeutic agent from the hands of charlatans, and gave it its proper place in our armamentarium.

In the therapeutic application of cold water, we have to deal with an agent of great power—one that will do much harm if not well understood, or if not rightly applied. An agent that will reduce the temperature in febrile states four or even six degrees in ten or fifteen minutes, accomplishing this by the actual abstraction of heat, and not by arrest of chemical changes by which the increased heat is caused, is not a mere toy for the amusement of the patient while nature cures the disease.

To those who have not used the remedy, but intend doing so, allow me to urge the importance of first studying the subject well; because improper application of the remedy will bring unjust reproach upon it, and disappointment to him who uses it, while he alone should bear the blame. The most complete discussion of the whole subject is found in the first volume of Ziemssen's *Cyclopædia*, under the head of Typhoid Fever, by Liebermeister: that paper deserves the most careful study—it is worth the price of the entire work.

In the antipyretic treatment of typhoid fever, cold water and quinia are all-important. But in using them, it is essential that we should be constantly guided by the revelations which the thermometer furnishes. It is the sentinel ever-watchful that sounds the first note of alarm, and indicates to cold water and quinia when and how to perform their work: it tells us, too, sooner than any symptom, when the patient is safe. This instrument is to the medical practitioner what the compass is to the mariner; and although he may coast around in the rear of progressive medicine successfully without it, he dare not plunge boldly forward into the front ranks of the profession, any more than the mariner would dare to explore the mysterious realms of old Neptune without his compass. A physician, in the treatment of typhoid fever without a clinical thermometer, is like a ship in a storm without pilot,

rudder or compass, liable to be dashed to pieces on every breaker, stranded on every beach, or forever lost in the fog. No physician, in the treatment of acute febrile diseases, can do justice to his patients without the daily or hourly use of this instrument; and although the attention of the profession was called to its value a century and a quarter (1754) ago, by Dr. Antonius de Haen, the first teacher of clinical medicine at Vienna, it was suffered to fall into disuse until quite recently. Its restoration promises to be of more advantage to the profession than any discovery of the century. It will lead us out of the darkness into the light, make crooked things straight, and cause us to travel by ways we know not as yet.

Twenty years ago quinia was proposed as a specific in typhoid fever, but a thorough trial has clearly shown that it has no power to cut the disease short, at least in doses which are compatible with human life. Yet it has been established, beyond the possibility of a doubt, that for the lowering of the temperature it is by all means the most valuable article of the materia medica; but it must be administered with an unsparing hand and at the proper time of day, for no good whatever will be accomplished by small doses scattered throughout the twenty-four hours. It is folly to administer it in the morning in any doses, in order to prevent a rise of temperature in the afternoon, for it can not be done in this disease; the patient will suffer all the inconvenience of the remedy without any corresponding benefit. But, on the contrary, if administered in one full dose of from twenty to forty grains in the evening, *it will strike the morning remission with full force*; and the consequence will be that the temperature will nearly, if not quite, reach the normal, and be followed by a complete intermission of all the dangerous symptoms, this remission continuing from twelve to forty-eight hours, according to the obstinacy of the case or the period of the disease at which the remedy is administered, thus allowing time for reducing the temperature of vital organs, preventing congestions, inflammations and degenerations, so destructive to life in this disease. No harm has ever been known to result from the administration of these

apparently heroic doses. Prof. Liebermeister, at the hospital in Basle, has administered it in this way, frequently as much as forty-five grains at a dose, over ten thousand times, and not one instance has ever fallen under his notice where any permanent injury was done to the patient. I have given it in fifty grain doses myself, with no unpleasant symptoms following, as I shall show in a case reported at the close of this paper.

The antipyretic treatment of typhoid fever has been largely practiced throughout Germany and some other portions of Europe, both in hospitals and private practice, with the general result of reducing the mortality from twenty-seven per cent., which is the death-rate of this disease when treated upon the expectant plan, to about eight per cent. By rejecting the cases first treated on this plan before it reached its present state of perfection, and tabulating the recent cases only, the mortality is still further reduced, nearly touching three per cent., thus stripping one of the most formidable diseases with which we have to contend of nearly all its terrors, and reducing it to a comparatively mild and tractable malady.

It is almost universally conceded at present, by all investigators of this disease, that the greatest danger to be feared, and the one which is either the direct or indirect cause of death in a vast majority of cases, is *long-continued high temperature*. It may and does cause death directly by producing paralysis of the heart or brain; indirectly by producing congestions, inflammations and degenerations in important organs. The characteristic symptoms of typhoid fever disappear, or rather fail to appear, under the active and energetic application of this treatment; there is no muttering delirium, because the brain is kept cool, and is thus enabled to perform its function; there is no accumulation of sordes upon tongue, lips and teeth, because the secretions are restored with each and every remission produced by this treatment; tympanitis is never great, for the application of cold water causes the muscular coat of the intestines to contract and expel the

flatus; and the administration of quinia not only lowers the temperature of the body, thus restoring tone to the bowels, but gives the patient on the following day a diarrhea, during which large quantities of flatus and fecal matter that ought to be eliminated are expelled. This diarrhea is highly beneficial, and ought not to be interfered with, for it will cease of its own accord in a few hours. Hemorrhages and perforations are much less frequent under the antipyretic treatment, because the bowels do not become distended, and the ulcerated mucous membrane is not stretched and its capillaries torn by such distension. In fact all the symptoms of the disease are much modified, and some of them are entirely eliminated, by this plan of treatment.

If, then, we are compelled to recognize the fact that the greatest source of danger in typhoid fever is the long continued high temperature, we are necessarily forced to the logical conclusion that the first duty of the physician will be to reduce that high temperature to, or as near to, the normal as possible. Observation has taught us that a long continued temperature of 102.5° will work more mischief to the vital organs, in the way of pathological changes, than a temperature of 105° F., which has a perfect intermission or remission of several hours each day. This being the case, it becomes an imperative duty *to produce these remissions*; and fortunately we possess the means by the systematic and proper use of cold-water baths, and the administration of large portions of sulphate of quinia: if these are rightly used, little or no other treatment is required.

As soon as the temperature in the axilla reaches 103° or 103.5° , the patient should be immersed in a full-length bath of cold water. I believe it is best to have the temperature of the water about ten degrees lower than that of the body of the patient, and after he has been in the bath two or three minutes to add cold water gradually until the temperature of the bath is reduced to about 70° . A bath administered in this way will require from fifteen to thirty minutes to reduce the temperature of the patient sufficiently to produce a

perfect remission; but it does not shock the patient so much as it does to plunge him into a bath the temperature of which is only 68° or 70° , as is recommended by some of our authorities on this subject. The latter bath, however, will abstract as much heat in ten, as the former will in twenty minutes. A bath administered in this way, and continued for a sufficient length of time, will lower the temperature of a patient from 105° to 100° or less; but do not imagine that much good will be accomplished with a few baths; for in obstinate cases, for the first few days of the disease, the temperature will be as high in two or three hours as before the bath was given.

The practitioner should himself superintend the inauguration of this treatment. If the administration of the bath be left to nurses, unless they have had previous experience, more harm may be done than good; for the baths stimulate the heat-producing functions of the body, and unless the abstraction is thorough, the one will counterbalance the effects of the other. Instruct the nurses exactly how this thing is done; teach them the uses of the clinical thermometer—leave one in the house, its use will be required almost hourly; show them how to temper the bath and cool it down, which must be done by rapidly drawing off the water as the body heats it, and turning in cold water. I have seen the temperature of the water in the bath-tub rise five or six degrees in less than that many minutes, so rapid is the abstraction of heat from the body. Nurses of ordinary intelligence will soon understand their duties.

These baths must be repeated every time the temperature of the patient's body rises above the dangerous point. It may require a dozen baths or more per day during the first few days, according to the obstinacy of the case. We are thus enabled to foretell, to a certain extent, the character of the case we have to deal with, materially aiding our prognosis thus early in the disease; for if we have a patient who, during the first week, has an extremely high temperature, which is controlled with great difficulty, we may confidently expect a severe case during the second and third week.

If, after using the baths as heretofore directed, the fever still maintains its obstinacy so as to require from eight to twelve baths per day, it will be well, on the evening of the second or third day, to administer a full dose of quinia—ten grains each half hour until thirty grains are taken. This amount should be taken in the evening, between the hours of seven and eight o'clock, so as to strike the morning remission with the full force of the remedy. If this quantity fails to bring the temperature below one hundred degrees, and hold it there for several hours, the dose must be repeated on the following evening, and increased to forty or forty-five grains if necessary. A full dose of quinia, taken in this way, will frequently lower the temperature to the normal, and the reduction lasts from six to twenty-four hours, or longer in the latter stages of the disease; and it is frequently unnecessary to use a bath at all during the next day, although during the first and second weeks one or two will be required between each administration of the quinia, accordingly as the disease is more or less obstinate.

It is impossible to conceive of a greater change than takes place in the appearance of a patient with typhoid fever, between the evening before taking a full dose of quinia and on the following morning. The disease is, for the time being, deprived of all those symptoms which we are accustomed to see. The low muttering delirium is gone; the hot dry skin of the previous evening is bathed in a profuse perspiration; the pulse of 120 is now down to 76 or 80, full and soft; the tongue has moistened in twelve hours, metecorism almost gone, etc. In fact, I have seen such a change in the appearance of the patient that an experienced physician might pronounce against the case being one of typhoid fever at all. It will not do to flatter ourselves, however, that the trouble is over, for it has scarcely begun. This amelioration of the symptoms will continue but a short time; perhaps it will not exceed six or eight hours after the first administration of the quinia. We ascertain the maximum dose required in any particular case on its first or second administration; afterwards

this quantity can be diminished. The same result will be accomplished and continue much longer, *with a much less quantity of the medicine*, and especially in the latter stages of the disease.

The question might be and has been asked, why not keep the patient under the influence of the drug and prevent the temperature from rising any more, and thus cure the case?

Extensive observations have shown that this can not be done. Quinia has no power to abridge the length of the disease; and as it, unlike the water, *acts chemically* and lowers the temperature by arresting molecular changes in the blood and tissues of the body, thus seriously interfering with the processes of nutrition and assimilation, the profound impression it makes should not be continued longer than one day at a time; it might become positively dangerous to life if continued too long or administered too often. The full benefit to be derived from it *is obtained by the remission it produces*—allowing the organism to cool off, and thus preventing serious organic lesions; consequently it is not advisable to administer this medicine, as a rule, oftener than each alternate day, and frequently during the latter days of the disease, it will not be required oftener than each third or fourth day, with an occasional bath in the afternoon.

Such, gentlemen, is a short sketch of the antipyretic treatment of typhoid fever, as it has appeared to me in my limited experience with it. We are indebted to the Germans for reviving and establishing this plan of treatment on a sound philosophical basis. It is the most rational, as well as the most successful, treatment that has ever been adopted in this fever, as is clearly shown by statistics. There are few conditions liable to arise contraindicating its use. Of course that degree of repose necessary in hemorrhage or perforation of the bowels, forbids its employment; fortunately neither of these conditions occurs as often under this as they do under the expectant plan of treatment.

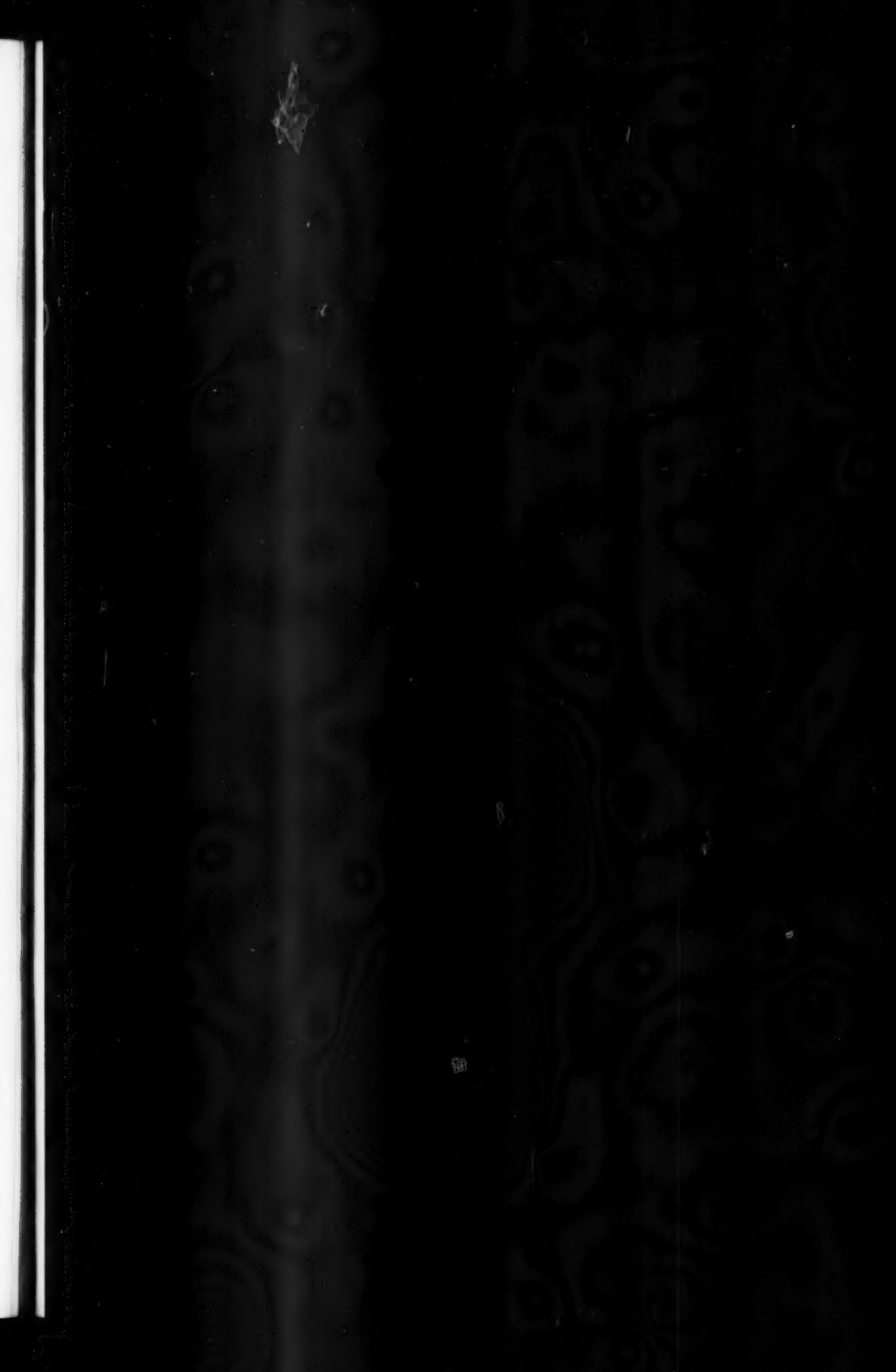
When using the cold water and quinia jointly, I have seldom found any other treatment necessary. I usually pre-

scribe, however, at the beginning of the disease, one or two ten-grain doses of calomel, a remedy which has become somewhat unfashionable in the United States in this disease; but it is a good one, and I am glad to see it recommended by such men as Niemeyer, Ziemssen, and other high authorities on this subject. I believe it exerts a favorable influence on the subsequent course of the disease.

My observation is limited in the use of digitalis or veratria, for the purpose of lowering the temperature in this disease, having succeeded satisfactorily with the agents heretofore mentioned. I have used the quinia treatment without the baths in ten cases, and the quinia and baths combined in eight cases—making a total of eighteen cases, with one death, which occurred after a second relapse in the case of a gentleman of rather delicate organization and over sixty-two years old. I shall close this paper with a report of some cases.

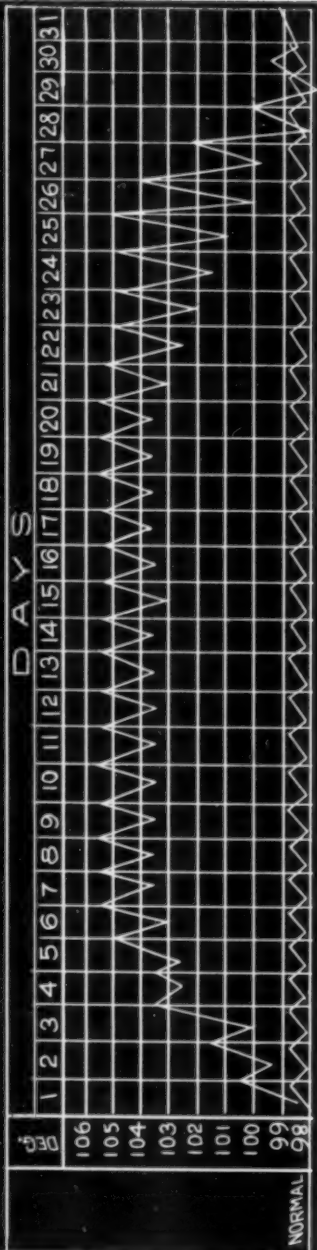
I have represented on the first diagram the normal temperature of the human body, with its diurnal fluctuations of a little less than one degree, Fahr.; and just above, the typical range of typhoid fever when uninfluenced by treatment; the other diagrams show the temperature, as observed almost hourly, of four cases of typhoid fever treated by myself upon the antipyretic plan.

CASE I. I was called Sept. 4, 1876, to see Miss M. R., a student of Asbury University, aged twenty-one years, of strongly-marked nervous temperament, healthy parentage, and possessing a good sound constitution. She had returned a few days before from a visit into the country, where she spent a day and night with a family who had been scourged with typhoid fever, and there was in the house at the time a patient not yet convalescent. On the day previous to my visit she had chilly sensations, followed by considerable fever, headache, pain in the back and limbs, and general muscular soreness; suppression of the menses two or three days previously; pulse 96, temp. 104° , respiration 20; tongue coated with yellowish-white fur; bowels rather inclined to constipation. I was not certain at that time that I had a case of typhoid fever; and in order to eliminate any malarious complication that might exist, I prescribed the following:

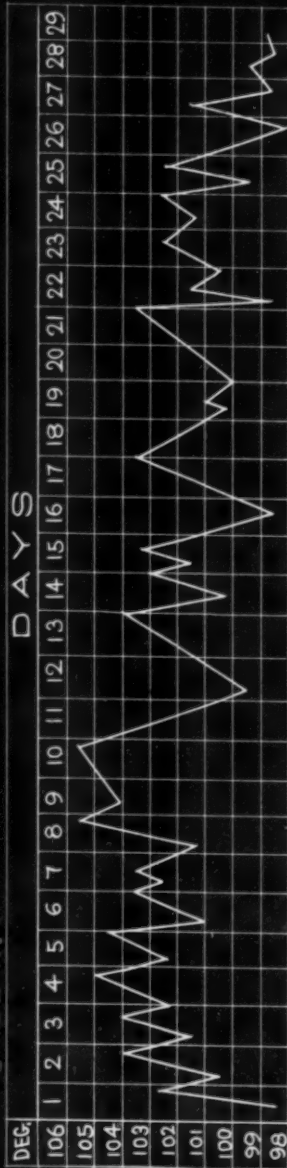


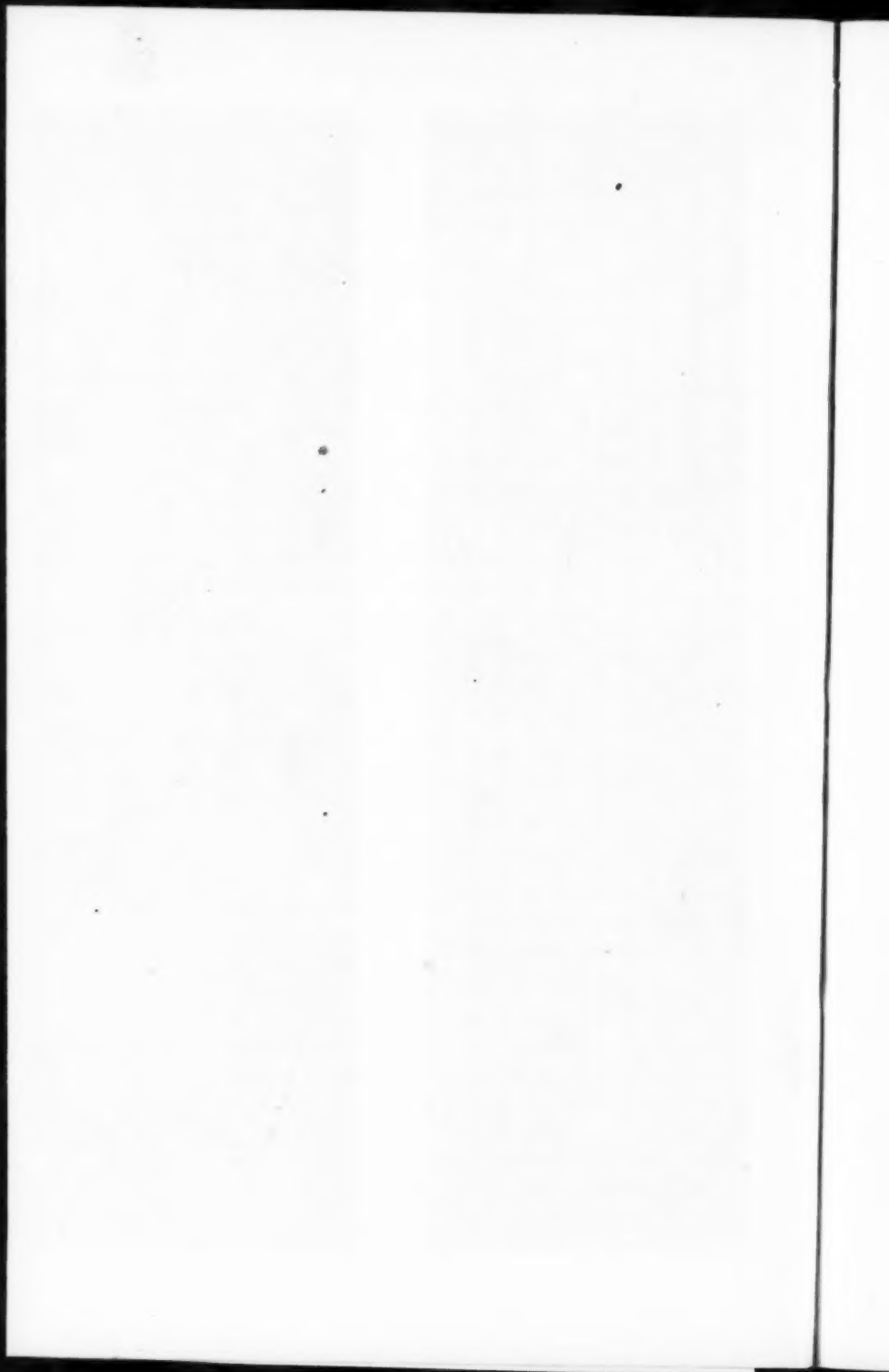
ILLUSTRATING DR. SMYTHE'S PAPER. AMERICAN PRACTITIONER, JANUARY, 1879.

TYPICAL RANGE



CASE No 1





R Quiniae sulph. ℥ iss
 Hydrag. subm. gr. vi
 Opii pulv gr. ii. M.
 Ft. chart. No. X. S.—One powder every two hours.

My first visit was made on the second day of the disease, and in this report, and those that follow, the day of the disease will be given, and not the day of the month.

Third day, morning.—Temperature 104° , pulse 100, resp. 18. Evening, temp. 105° , pulse 108, resp. 20; tongue dry; some muttering delirium; bowels moved freely from the effects of calomel. Ordered cold baths during the night, which reduced the temperature on the morning of the fourth day to $102\frac{1}{2}^{\circ}$, with a corresponding amelioration of the other symptoms; pulse 96, respiration 16.

The cold baths and affusions were used persistently, but not very successfully, all day and night on this day (the fourth), but owing to the obstinacy of the fever the temperature was not reduced at any time below $102\frac{1}{2}^{\circ}$; and by midnight it had reached 105° , pulse 130, resp. 28, with considerable delirium, excepting immediately after a bath, when the patient would be quiet and sleep for about an hour and a half; then as the temperature would rise above 103° , delirium would return, and a corresponding aggravation of all the symptoms.

This treatment was persisted in until the evening of the fifth day, she having been bathed about every third hour, when her temperature at 7 P. M. was $104\frac{3}{4}^{\circ}$, pulse 120, resp. 22. Between 7 and 8 P. M. she was given three ten-grain doses of quinia, which reduced her temperature by 7 A. M. of the sixth day to 101° , pulse 88, resp. 18, tongue moist, profuse perspiration; expressed herself as feeling very comfortable; bowels moved several times during the day, as the effect of the quinia. Her temperature gradually increased during the day as the effect of the quinia wore off, and at midnight it was $103\frac{1}{2}^{\circ}$, pulse 104, resp. 20. One bath would now keep the temperature down for about four hours.

On the morning of the seventh day her temperature was $102\frac{1}{2}^{\circ}$, pulse 96, resp. 20. Temperature manifested a disposition to rise, but by persistent bathing it was kept within bounds and gradually reduced, until the forenoon of the eighth day it was $101\frac{1}{4}^{\circ}$; but it ascended rapidly during the day until the afternoon, when it reached the dangerous point of $105\frac{3}{4}^{\circ}$, with an aggravation of all the symp-

toms; pulse 136, resp. 26; tongue very dry; almost continuous delirium, considerable tympanitis, very restless, etc.

This was the first case in the family, and the nurses at this time had not learned how to apply the treatment as well as they did subsequently, and the patient being a young lady I could not superintend the administration of baths in person, the consequence was that the reduction of temperature during the next forty-eight hours was far from satisfactory. The quinia she had taken on the evening of the fifth day had exhausted its influence, and consequently it was a hand-to-hand fight between the fever and the water during the night of the eighth day, and also the entire ninth and until the afternoon of the tenth day. Owing to the inefficient way in which the baths were administered, the temperature of the patient's body steadily maintained itself at the dangerous height of 104° to $105\frac{3}{4}^{\circ}$, with a corresponding aggravation of all the dangerous symptoms—pulse 148, resp. 40, tongue very dry, tympanitis increased, constant incoherent muttering; in fact, I regarded the case at this time as one of great danger, death being liable to occur at any time from paralysis of the heart or brain. The extreme weakness of the heart's action forbade the further use of cold baths; something had to be done; without a reduction of temperature, death would have closed the scene in the next forty-eight hours. I accordingly, beginning at 7 o'clock, P. M., administered ten grains of quinia every half hour, until the patient had taken forty grains, which caused a gradual lowering of her temperature and improvement in all her other symptoms during the remainder of the tenth day. This improvement continued during the eleventh, and on the morning of the twelfth day, at 6 o'clock, her temperature was $99\frac{1}{2}^{\circ}$, pulse 80, resp. 18, tongue moist, skin bathed in a profuse perspiration; slept quietly without delirium; usual diarrhea after taking quinia, with discharge of large quantities of offensive flatus and consequent diminution of tympanitis.

The twelfth and thirteenth days were passed in comparative comfort; the temperature gradually arose until the evening of the thirteenth day, when it reached 104° ; thirty-two grains of quinia were administered. This was followed, on the morning of the fourteenth day, by a reduction of the temperature to 100° . Other symptoms improved in a corresponding ratio. This day passed comfortably, with natural remission on the morning of the fifteenth day of nearly two degrees, but it arose during the day to 103° . Thirty grains of

quinia were administered in the usual way at 7 P. M.; and on the morning of the sixteenth day the temperature was normal, pulse 76, resp. 18, with all the symptoms ameliorated.

The patient remained comfortable during the sixteenth and seventeenth days; the temperature gradually rising until the evening of the seventeenth day it was $103\frac{3}{4}^{\circ}$, pulse 116, resp. 22. Twenty grains of quinia were administered, and the temperature declined under its influence all day on the eighteenth, and until the morning of the nineteenth day, when it reached $100\frac{1}{4}^{\circ}$, with the usual amelioration of all the symptoms. During the day the temperature arose to $100\frac{3}{4}^{\circ}$, but receded of its own accord. On the twentieth and twenty-first days it gradually increased to $103\frac{1}{2}^{\circ}$, with the same aggravation of the symptoms that always accompany an elevation of temperature in this disease. On the evening of this day twenty grains of quinia were again administered, and for the last time in the case. On the morning of the twenty-second day her temperature was again normal, pulse 72, resp. 18, profuse perspiration, etc.

This practically ended all danger in this case. During the fourth week of this disease, the fever becomes remittent of its own accord, if no organic lesions have been produced by the high temperature of the first, second and third weeks. This patient's temperature was $102\frac{3}{4}^{\circ}$ on the twenty-third day, $102\frac{1}{2}^{\circ}$ on the twenty-fourth and twenty-fifth days, on the twenty-sixth it was below the normal, on the twenty-seventh $101\frac{1}{2}^{\circ}$, and on the twenty-eighth $99\frac{1}{2}^{\circ}$, after which it remained at the normal.

I believe it is the imperative duty of medical men to point out their errors, so that others may profit by, and avoid, them in similar cases. A serious blunder was committed in the treatment of this case, which came near proving fatal. The quinia which was administered on the evening of the tenth should have been given on the eighth, and certainly not later than the evening of the ninth day; but I had such unlimited confidence in the efficacy of the water to produce a remission, that I omitted the quinia, and the consequence was a period of great danger to the patient. It is my opinion that this patient could not have survived longer than the thirteenth or fourteenth day without a remission.

CASE II. A brother of the preceding patient, also a student, with similar temperament and constitutional peculiarities, nineteen years of age, was taken sick on the 8th day of October, 1876, about one month later than his sister. I saw him on the morning of the

second day. No valuable time was lost in making a diagnosis, or squandered on expectant or other plans of treatment. This patient was one of more than ordinary intelligence, and fully appreciated the situation. I informed him that, owing to the fact that his temperature had reached $104\frac{1}{2}^{\circ}$ on the morning of the second day, his case in all probability would be an unusually severe one, and might not be altogether free from danger. The antipyretic treatment had been explained to the family during the sickness of Case No. 1, but indifferently practiced, however, so far as the baths were concerned. It made a favorable impression on the mind of the patient about to be treated, and he was anxious to have it tried in his case. It was accordingly begun without delay. No account is taken of any other symptom than the temperature in this case. It was the sole guide in the application of all therapeutical means used during the treatment of the case.

The patient was accordingly immersed in a full-length cold-water bath at 8 A. M. on the second day of his attack, which reduced his temperature to $100\frac{1}{4}^{\circ}$. At 10 A. M. his temperature had risen to $104\frac{3}{4}^{\circ}$, when the bath was repeated, reducing his temperature to 101° . This operation had to be repeated several times during the day, and continued systematically throughout the third, fourth, fifth and sixth days, as often as the temperature arose to a dangerous point. It required on the third day six, on the fourth day nine, on the fifth day seven, and on the sixth day four baths to keep the patient sufficiently cool to prevent disaster.

On the evening of the third, the entire fourth, and part of the fifth days, the temperature was above 105° , touching $105\frac{3}{4}^{\circ}$ at one time, notwithstanding the vigorous manner in which it was combated with the cold water—having taken, up to the evening of the sixth day, thirty-one baths. On the evening of this day, when the temperature had reached $104\frac{1}{2}^{\circ}$, thirty grains of quinia were administered, which, on the morning of the seventh, had lowered the temperature to 101° ; and it gradually arose until, at 12 M. on the eighth day, it stood at 104° , when a bath was given, which reduced the temperature to 102° , but by evening it had again arisen to 104° . Twenty grains of quinia were now given the patient, which fully illustrates the folly of using inadequate doses of this drug for the purpose of lowering the temperature in this disease. This twenty-grain dose, although it prevented a rise in the temperature, was all day during the ninth reducing it one degree, and at midnight it was

$103\frac{1}{2}^{\circ}$, when the cold-water baths were resumed. During the tenth and eleventh, it required about one bath every six hours to keep the patient comfortable. On the twelfth and thirteenth, three baths were sufficient; and although the temperature arose on the eleventh, twelfth and thirteenth to about $104\frac{3}{4}^{\circ}$, as much good was now accomplished with three or four baths as was received from eight or nine during the first week. This was regarded as a favorable prognostic indication, showing a disposition on the part of the fever to yield somewhat in its obstinacy.

On the evening of the thirteenth, when the temperature had reached $104\frac{1}{2}^{\circ}$, thirty-five grains of quinia were administered to the patient, lowering the temperature to $100\frac{1}{4}^{\circ}$ on the morning of the fourteenth. During the day it gradually ascended, until the afternoon of the fifteenth it had reached $103\frac{3}{4}^{\circ}$, when another bath was given, which was the last required in the case. On the evening of this day, when the temperature was 104° , twenty-five grains of quinia were given the patient, which reduced his temperature to $99\frac{1}{2}^{\circ}$ on the morning of the sixteenth, but during the day it arose to $103\frac{3}{4}^{\circ}$. On the morning of the seventeenth a natural remission took place, which was regarded as the beginning of the end.

On the evening of this day, when the temperature was $103\frac{1}{2}^{\circ}$, fifteen grains of quinia were administered to the patient, which was the last medicine given in the case. The fever became distinctly remittent after this, receding about one degree per day, as shown on the diagram, until the twenty-sixth day it touched the normal to rise no more.

The results in this case may be considered typical of this plan of treatment. By glancing at the diagram, it will be seen that the range of temperature in the first and third cases, up until about the fourth day, is the same as it is in those cases which are treated upon the expectant plan; and those symptoms which are recognized as belonging to the *typhoid condition*, usually begin to appear from the fourth to the sixth day, and did so appear to some degree in those cases on account of the treatment not being properly applied, but in this case none of those symptoms ever appeared at all, which are caused by the persistent high temperature. He had no incoherent muttering, delirium or hallucinations; no sordes, nor much dryness of the tongue even; tympanitis was almost entirely absent; no diarrhea except what was caused by the quinia. In fact he could, at the time he convalesced and can now, relate every circumstance

that occurred during his sickness. It will readily be seen what a great advantage this is to both patient and physician. With a patient in the typhoid condition, the value of all subjective symptoms is lost; and unless the physician is an exceedingly close observer, he may lose his patient from some organic complication which was wholly unsuspected. Not so with the patient who retains all his faculties.

CASE III. was that of Mrs. F. McL., aged about twenty-six years, nervous temperament predominating; no hereditary taint in the family, but of rather delicate constitution herself; by occupation a teacher; had been visiting at Terre Haute, where she was probably brought in contact with the germs of the disease; was taken sick on July 29, 1877; and I saw her on the second day of her attack. She had been in rather feeble health for several weeks; had a chill the day previous to my being called, followed by fever; was suffering pain and general muscular prostration, also inclined to diarrhea. Morning temperature, 101° ; evening temperature 104° ; I was of the opinion at that time that the case might be malarious, as that form of disease was prevalent in the neighborhood, and consequently I prescribed calomel, opium and quinia, in the usual way for malarious difficulties. The prescription was continued to the evening of the third day. Morning temperature, 103° ; evening temperature, 105° .

I was pretty well convinced that I had a genuine case of typhoid fever to contend with, and began the antipyretic treatment at once. Cold water baths were used during the night of the third, and continued during the fourth and fifth days; and although the temperature did not rise as rapidly after each bath as it usually does in severe cases, it manifested no disposition to stop short of a very dangerous altitude, touching on two different occasions 106° , but notwithstanding this fact there was at this time no threatened paralysis of the heart or brain; the only aggravation of the symptoms in the case which seemed to be caused by the high temperature was the irritation of the stomach and bowels, which had existed in her case from the beginning; this was so great that during these two days I was compelled to use several hypodermic injections of morphia to quiet the patient. On the evening of the fifth day her temperature was $105\frac{1}{2}^{\circ}$, and knowing that this high temperature would very soon destroy her, and notwithstanding the quinia would add additional fuel to the diarrhea, I decided to take the chances in controlling the latter and gave the patient on the evening of this day thirty

grains, which lowered the temperature on the morning of the sixth day to 100° , with a great improvement in all the symptoms, excepting the diarrhea, which was not materially aggravated and was easily controlled by opium and nitrate of silver, which was the only treatment used during the sixth, seventh and eighth days. On the evening of the eighth day, when the temperature had risen to $103\frac{3}{4}^{\circ}$, thirty grains of quinia were again administered, and the temperature on the morning of the ninth had fallen to 99° . The diarrhea increased, but was easily controlled again with the same remedies; otherwise the patient was comparatively comfortable.

It will be seen, by looking at the diagram, that the temperature gradually rose during the ninth, tenth and eleventh days without any morning remission. This fact was the cause of no little alarm to me eight years ago, when I first began to study the thermometry of diseases. One of the first laws established by the thermometer was, that the danger is increased in any given case when the morning temperature is higher than the evening temperature; yet this is what I have invariably had after producing a remission with quinia. I call attention to this fact because I have never seen it mentioned in any authority on the subject. The law seems to be, that *the morning remission does not take place again after the administration of quinia until the fever heat approaches the point touched by the morning remission for that particular case when uninfluenced by treatment.* A confirmation of this law in all four of the cases represented on the diagram, will be noticed after each administration of this remedy.

There was a slight remission on the morning of the twelfth day, but the temperature continued to rise until the forenoon of the thirteenth day, when it stood at 104° , with an accompanying aggravation of all the symptoms, and the cold baths were resumed but proved to be very disagreeable to the patient; cold affusions were resorted to, but the temperature continued to rise until it was $104\frac{3}{4}^{\circ}$, with great irritability of the stomach and increase of diarrhea, with threatened paralysis of the heart; pulse 136, restlessness and slight delirium; ordered forty grains of quinia. This quantity was put up in eight capsules, two of which were to be taken every half hour. Part of this was rejected by the stomach as the patient vomited several times during the night, and two of the capsules were passed with the stools the next day; consequently there was no remission on the morning of the fourteenth, at least no more than takes place in cases that are uninfluenced by treatment of any kind.

The symptoms were all aggravated by the continued high temperature, and the case began to assume a serious if not a dangerous aspect. Pulse during the day ranged between 150 and 160, the tongue became very dry and brown, some sordes began to appear, considerable delirium was present, involuntary discharges and all that train of symptoms began to show themselves that go to make up the typhoid condition.

Owing to the weakened condition of the heart's action, further use of the cold bath was contraindicated. The cold affusions did not control the temperature, and with the present irritable condition of the stomach quinia would not be retained, and of course, with involuntary discharges from the bowels it was impossible to resort to injections, and the small quantity of quinia that can be administered hypodermically could have no influence in cooling a patient whose temperature had reached 105° ; yet death seemed inevitable unless a very decided remission could be produced. At 6 P. M. I gave hypodermically two-thirds of a grain of morphia, and one hour afterwards, when the patient was fully under its influence, I administered forty grains of quinia dissolved in brandy, and four hours subsequently an additional ten grains were given and fortunately it was all retained.

This looks like heroic practice, and will doubtless be criticized by some physicians who read this article; but my reply will simply be to ask them to look at the diagram, where will be seen as a result a lowering of the patient's temperature amounting to $6\frac{1}{2}^{\circ}$ degrees, and the patient removed from a condition of great peril and placed in a position of comparative safety. Let me ask if the end attained did not justify the means? If not, please point out some milder means which will be equally effective. I am a firm believer in conservative medicine; yet, I believe emergencies arise when nothing but the most active interference will save patients. I believe that this was one of those emergencies, and I further believe the time had arrived on the evening of the fourteenth day when the patient's life was in immediate peril, and that quinia saved her.

Thus all subsequent danger was eliminated from this case. The temperature never rose above $101\frac{2}{3}^{\circ}$ afterwards, and no other dangerous symptoms reappeared. It required until midnight of the sixteenth for the temperature to rise one degree. On the morning of the seventeenth there was a remission of one-half degree, and under the law governing the rise of temperature after the administra-

tion of quinia, this will be the point to which the morning remissions will descend in the future of this case. No further treatment was required in this case excepting a little opium and nitrate silver for a few days, and a creasote and chlorate of potassa emulsive as a muco-stimulant until the evening of the twenty-first day, when ten grains of quinia were administered, which closed the medical treatment of the case. The temperature became normal on the twenty-ninth day.

This patient, as did also the others, treated upon this plan, recovered without any sequelæ. She was able to resume her occupation as principal of the second ward school in thirty days after her dismissal from my charge.

CASE IV. I was called to see, on the 21st of September, 1878; Helen B., aged twenty-three months, a well-developed, healthy-appearing child; had been feverish and fretful for a day or so, but still able to be up and around; pulse about 120, tongue furred, some diarrhea; unable to ascertain her temperature on account of her peevish, fretful condition. I did not suspect the patient had typhoid fever at this time, although there had been some few scattering cases in the neighborhood during the preceding two years; prescribed calomel and quinia, and on the following day the symptoms were somewhat ameliorated. No violent symptoms were developed until the morning of the fourth day, when I visited her early in the day and for the first time took a satisfactory observation of her temperature and found it to be $105\frac{1}{2}^{\circ}$; at 7 A. M. she was immersed in a bath the temperature of which was 94° Fahr., and cold water gradually added until the temperature of the water was reduced to 78° . She was allowed to remain in the bath twelve minutes, when after being removed and dried her temperature was found to have been reduced to 100° . At 9 A. M. in just two hours her temperature had again risen to $105\frac{1}{2}^{\circ}$, when the process of bathing was repeated with a reduction of her temperature to 102° ; at 11:30 A. M. her temperature had reached 105° , when the bath was repeated, lowering the temperature to 101° ; at 3 P. M. her temperature had again risen to $105\frac{1}{2}^{\circ}$, which was lowered by the bath to $102\frac{1}{2}^{\circ}$; at 5 o'clock her temperature had reached 106° ; a bath continued fifteen minutes in which the temperature of the water was cooled to 76° , lowered her temperature to 100° ; at 7:15, however, her temperature had again risen to $105\frac{1}{2}^{\circ}$, but a repetition of the bath reduced it again to 100° —five grains of quinia were now ad-

ministered every ten minutes until fifteen grains were taken; at 6 A. M. on the fifth day the patient's temperature touched 98° without any symptoms of quininism and with a complete remission of all the unpleasant symptoms. During the fifth day the temperature gradually increased, at noon marking 100° , at 7 P. M. 104° ; no bathing required during the day, but between 7 and 8 P. M. four three-grain doses of quinia were given to the patient, which reduced her temperature on the morning of the sixth day to 100° . During the day her temperature gradually rose until 7 P. M. it had reached 105° . She was again immersed in a bath for twelve minutes, which lowered the temperature to 101° ; twelve grains of quinia were administered in the same manner as before. Her temperature rose slowly until about 11 P. M. it had reached $102\frac{1}{2}^{\circ}$, when under the influence of the quinia it began to recede, and on the morning of the seventh day it reached $99\frac{1}{2}^{\circ}$, but by noon of this day it had again risen to $104\frac{1}{4}^{\circ}$; another bath was administered which reduced it to 100° . During the afternoon it again rose to $104\frac{1}{2}^{\circ}$, when eleven grains of quinia were given the patient which reduced her temperature on the morning of the eighth day to 100° . At 4 P. M. her temperature was 105° which was lowered by the bath to $100\frac{1}{2}^{\circ}$; at 7 P. M. her temperature was again 105° , which was reduced by a repetition of the bath to 100° , when twelve grains of quinia were given in the usual manner; the temperature struggled up to $101\frac{1}{2}^{\circ}$ when under the influence of the quinia it began to descend, receding about one degree each hour until it touched $93\frac{1}{4}^{\circ}$ at 7 A. M. on the morning of the ninth day.

No symptoms of collapse followed or accompanied this enormous reduction of temperature, and no steps were taken or required to counteract this condition. The skin was cool and moist, respiration normal, and pulse 80, soft and full, and the patient slept quietly for several hours; the temperature arose rapidly and at 1 P. M. was $105\frac{1}{2}^{\circ}$, but was reduced by a bath to 101° . At 5 P. M. it had again reached 105° , which was lowered by another bath to 100° ; at 11 P. M. it had again reached $103\frac{3}{4}^{\circ}$, but receded without either bath or quinia until the morning of the tenth it stood at 100° .

During this day, owing to the fact that the patient was entirely from under the influence of quinia, the fever proved unusually obstinate and manifested a strong disposition to ascend to a dangerous altitude, touching on four different occasions 105° , and at one time $105\frac{3}{4}^{\circ}$, and requiring six baths to prevent disastrous

consequences. At 7 P. M., when the temperature was $105\frac{3}{4}^{\circ}$, a bath and fourteen grains of quinia were administered, the bath reducing the temperature to 102° , from which point it ascended to $104\frac{1}{4}^{\circ}$, where it met the influence of the quinia, from which it descended to 96° on the morning of the eleventh day without producing any unpleasant symptoms. During the day the temperature gradually ascended until late in the afternoon it reached $103\frac{1}{4}^{\circ}$, from which it descended during the night until the morning of the twelfth day it marked 98° . This remission took place without additional baths or quinia; by the afternoon of this day, however, the temperature touched at $104\frac{3}{4}^{\circ}$, when six grains of quinia were given. Morning temperature on the thirteenth day 100° ; evening temperature 104° . Morning remission on the fourteenth day, without treatment of any kind, $99\frac{1}{2}^{\circ}$; evening temperature, $103\frac{1}{4}^{\circ}$. Morning of the fifteenth day 100° , temperature in evening, $104\frac{1}{2}^{\circ}$; nine grains of quinia given. Temperature, on the morning of the sixteenth, $98\frac{5}{8}^{\circ}$.

No medicines were administered after the eighteenth day in this case, when the patient again had six grains of quinia which reduced the temperature to 97° on the morning of the nineteenth day, and although the temperature ran up sharply each evening until the twenty-eighth day, it subsided every day without treatment of any kind. No medicines of any sort were used in the treatment of this case, with the exception of two cathartic doses of calomel during the first week.

This case had no complication or sequelæ of any kind, and suffered no inconvenience from the quinia, although the necessities of her case seemed to demand it about twice as often as ordinary cases. Whenever her temperature rose to 104° she became drowsy and stupid, could be aroused with difficulty, and within an hour or so, if not cooled, off began to mutter and have subsultus, all of which, however, would subside as soon as she was cooled with the water and quinia.

I have selected this case from that of several children, in order to show that this treatment is as applicable to their cases as those of adults; and also to show the remarkable vacillations which may take place in the range of the temperature in children without danger—the temperature having fallen eleven and a half degrees in ten hours, and risen twelve degrees in six hours without a single alarming symptom, which could hardly be expected in the case of an adult.

SUMMARY.

First. The prevalent opinion that the group of symptoms which constitute what is known as the "*typhoid condition*," is caused by the persistent elevation of the temperature, in which the circulation is poisoned with the *débris* of broken down nitrogenous tissue, and also that this long-continued fever heat causes degenerations in the vital organs, or death from paralysis of the brain or heart, is in all probability the correct one.

Second. This being the case, the most important indication to be fulfilled is to keep the patient cool; and the hourly use of the thermometer is the most reliable guide in securing this end.

Third. Cold water baths and quinia are, by all odds, the most important therapeutical agents for lowering the temperature during the pyrexia. In the first week of the disease, and before quinia has been given, a bath may be required as often as every two or three hours. After the patient has been thoroughly cooled with the quinia, three or four baths per day will answer, and a still less number later in the disease. The "gradually cooled" bath seems to me preferable to any other.

Fourth. Quinia is the more valuable agent of the two, and can be used in all stages of the disease; while the baths seem to annoy some patients, especially during the third week and the latter part of the second. Frequently no other treatment is necessary for two or three days after a full dose of quinia. In the latter weeks of the disease, the amount of the remedy can be materially lessened. It always moves the bowels several times the day following its administration, lessening the tympanitis; and the unabsorbed portion thoroughly disinfects the discharges, thereby contributing largely toward preventing the spread of the disease. After a remission is produced by quinia, the temperature rises in accordance with a fixed law, attention to which is called in the body of the paper.

CASES IN OBSTETRICS.*

SPONTANEOUS EVOLUTION—CEPHALIC VERSION—PENDULOUS ABDOMEN.

BY G. W. H. KEMPER, M. D.

CASE I.—*Spontaneous Evolution*.—February 19, 1873, I was called in consultation by Dr. Day to see Mrs. A., in her fourth or fifth labor. I was informed by the doctor that the lady had been in labor but a few hours; that the membranes had ruptured but a few moments before my arrival, and revealed a shoulder presentation. The pains were strong. Patient in dorsal position.

Upon examination, I found the right shoulder presenting, head in left iliac region, and the back of the child directed forwards. While I was making the examination, the arm descended and the hand protruded through the vulva. Following in rapid succession, the thorax was detected, then the hip and finally the breech, while the arm remained in the vagina, and spontaneous evolution was accomplished. Labor was soon terminated, resulting in a medium-sized still-born fetus. The mother made a good recovery.

CASE II.—*Cephalic Version*.—October 24, 1878, I saw Mrs. M., in her second labor, which had begun on the previous day at 9 o'clock P. M. When I arrived at midnight (23d), although the pains were apparently strong, the os would barely admit the tip of the finger. I could not distinguish the presentation. At 5 o'clock A. M., the os was fully dilated, and I diagnosed a right shoulder presentation; head in left iliac region, and back of child forwards. I administered chloroform at once, preparatory for rendering assistance.

After rupturing the membranes, with my right hand in the vagina—the patient lying upon her back—I pushed up the shoulder; at the same time, with my left hand over the abdomen, I pushed the breech upward and toward the median

* Read before the Delaware District Medical Society, at Marion, Ind., December 17, 1878.

line of the mother. The maneuver was easily accomplished, and a pain coming to my aid, drove the head into the pelvis in the first position. Labor was terminated at half past six o'clock A. M., resulting in the birth of a medium-sized male. The mother and child both did well.

CASE III.—*Pendulous Abdomen*.—On December 7, 1878, at 11 o'clock P. M., Mrs. W., aged thirty-six years, was taken in labor with her sixth child. I saw her on the morning of the 8th at 6 o'clock. The pains were inefficient, and the os situated high up in the pelvis and but slightly dilated, although dilatable. When she stood erect, or lay upon her back, the contour of the abdomen was unique. The uterus lay in front of, and projected below, the pubic bones, so that it was difficult to perform the vaginal touch.

At 8 o'clock A. M., the os being well dilated, I ruptured the membranes and liberated a vast quantity of liquor amnii. I was able now to distinguish the right foot and left knee presenting. The belly of the child lay across the pubes, while the head rested over the upper part of the thighs. Of course in this position the uterus could exert but little force, and the abdominal muscles still less, in expelling the fetus. I kept the patient upon her back, and tightened a bandage about her abdomen. With one hand I drew upon the right foot, while with the other I pushed the head upward. After the breech had thoroughly engaged in the superior strait, the pains were strong, but no progress was made.

Upon examination I found the left leg and foot lying transversely across the pelvis was a hindrance to the advancing breech, and with some considerable force I seized and drew the foot beyond the vulva. Labor progressed rapidly after this operation, and at half past ten o'clock A. M. a large sized female child was born, and in a few minutes cried lustily.

The distorted shape of the uterus seemed to prevent it from grasping firmly the placenta, and after waiting an hour I was compelled to introduce my hand and detach it from the fundus, where it was strongly adherent. The patient's convalescence was normal.

This was my first attendance upon this lady. She informed me that of her five former labors three were breech or footling cases, and two were "crosswise"—probably shoulder presentations. Two of the children were still-born, and one died a few days after birth with convulsions. The placenta had only been adherent at the last labor.

MUNCIE, IND.

IS THE HYPODERMIC INJECTION OF PILES DANGEROUS?

BY EDMUND ANDREWS, M. D.

Professor of Surgery in the Chicago Medical College.

About two and a half years ago I discovered and published to the profession the secret method of the "pile doctors." The plan of these itinerants, which was sold as a secret, at a high price, from one quack to another, is substantially as follows: A hypodermic syringe, with a very fine sharp point, is charged with a strong solution of carbolic acid. Generally three parts of the crystalized acid to one of any bland oil, are employed; but sometimes they are combined in equal parts, and for oil is occasionally substituted glycerine. The method of the operation is to insinuate the point of the syringe into one of the piles, and throw in a few drops of the solution. Another one is then attacked, and thus by degrees a complete cure is effected without causing at any one time enough irritation to take the patient away from his business.

Attention was called to the seeming danger that carbolized oil might be thrown directly into the dilated hemorrhoidal veins. The injection of coagulants into venous enlargements of other parts of the body has, in a few cases, caused sudden death by embolism—a portion of the clots being carried to the heart, and from thence passing into and blocking the pulmonary artery. It was suggested, therefore, that the injection

of hemorrhoidal veins might involve a little of the same risk. The three groups of hemorrhoidal veins intercommunicate, but the main outlet of the lower and middle groups is to the internal iliac vein, and thence to the heart, while that of the upper is to the portal vein. It is conceivable that dislodged clots, or globules of the injection, might be swept by the current of the blood to the heart, or possibly might pass through the upper plexus into the portal vein, and be lodged in the liver.

I learn that a number of the itinerants have taken warning from my suggestion, and now employ a sort of clamp forceps to compress the base of the pile for a few moments at the time of the operation, thus hoping to prevent the passage of clots or globules along the veins. This method has now been in use over three years, and has been applied to thousands of persons. If there be any actual danger in it, such as is suggested by anatomy and by the experience of similar injections in other regions, the results should be manifest by this time. Experience only can settle such matters. If, on the other hand, the method is safe, it ought at once to be adopted by the regular profession as the best method of dealing with this distressing disease.

To settle this question of danger, I take the liberty, through the medium of this journal, of asking every physician in the United States, who has had opportunity to know the results of this treatment, to write me immediately, giving information on the following points:

1. How extensively has the plan been tried in your region?
2. Have any sudden deaths, or other alarming symptoms, been known to follow its application? If so, how soon and what were the symptoms?
3. Have any cases been followed by dangerous disease of the liver?

I propose to collate all the information thus gathered, and communicate the results in a future article in this journal.

CHICAGO, ILL.

ACUTE TUBERCULOSIS WITH FATAL HEMOPTYSIS—
ACUTE HYDROTHORAX AND EDEMA OF
THE LUNGS.*

BY J. C. MACKENZIE, M. D.

Professor of Physiology in the Miami Medical College, and Physician to the Cincinnati Hospital.

J. H., colored (mulatto); aged nineteen; railroad laborer; family history good; free drinker; had venereal ulcers on penis last May, no secondary symptoms; had dysentery one year ago. Present illness began three months ago with pain in abdomen and some swelling, accompanied by diarrhea, and followed by loss of flesh and strength; he was also troubled with cough and expectoration of white frothy sputa. These symptoms have persisted up to the present time. Admitted to the Cincinnati Hospital on August 15, 1878.

Condition on Admission.—A man of average size and fair development; somewhat emaciated; complains of pain in abdomen, which is swollen, tympanitic, and tender on pressure; pulse 96, rather weak; tongue pointed, red at edges, furred in the center; appetite fair; constant thirst; bowels loose; dullness on percussion beneath the left clavicle; auscultation negative. Ordered twenty drops of tincture of opium every three hours, and warm fomentations to abdomen.

August 16.—Morning temperature 102.2°, pulse 105; evening temp. 104°, pulse 96. Ordered fifteen grains of quinia, the opium and fomentations to be continued. Under this treatment the fever abated and the diarrhea became less severe; the tympanitis and abdominal pain and tenderness, however, continued about the same.

August 21.—Has great distension of the abdomen and pain; the pain is worse on the right side; no stool since the 18th;

* Reported to the Cincinnati Medical Society, January 7, 1879.

occasionally slight delirium; some cough; morning and evening temperature 101° , pulse 96; the tincture of opium was continued.

From this time the patient steadily improved; the fever entirely left him; the pain in abdomen and tympanitic condition gradually subsided; and during the month of September he was able to be up, walking about the ward, and even assisting the nurse in light work. The cough, however, never left him, and he took the tincture of opium occasionally to control it. About the beginning of October he began to lose his appetite and his strength failed; the cough, at the same time, became more troublesome; the diarrhea and abdominal tenderness returned.

October 6.—Pain in left side of abdomen; no abdominal distension; feels very weak; no appetite; bowels loose; cough very troublesome. Ordered one ounce of whisky and two drachms of cod-liver oil three times daily, and opium to quiet the cough. For the next two weeks he remained in much the same condition, except that the weakness increased, and he complained very much of the cough at night.

October 22.—A careful physical examination was made today. Over the whole anterior surface of the right side of the chest a friction murmur can be heard both with inspiration and expiration; and a similar sound is heard over the posterior surface, below the inferior angle of the scapula. Friction fremitus marked on the right side anteriorly. In right infra-axillary region there is harsh inspiratory sound, with moist râles. No dullness on percussion anywhere, except below the left clavicle, where it is not very pronounced.

The friction sounds persisted until the 27th, by which time, however, they were very much less distinct; and then were heard dry râles over right lung anteriorly and posteriorly, and moist râles in left lung posteriorly. He did not complain of pain anywhere, but of the cough and weakness. Not much change in general condition. The whisky and cod-liver oil and opium were continued.

Nov. 6.—Temperature ranges between 99° and 100° in the morning, and 99° and 102° in the evening; occasionally it is higher in the morning than in the evening. Fine râles are heard on right side anteriorly, and larger râles posteriorly. Emaciation is very marked.

Nov. 7.—States that he feels better; no pain; pulse 104, temperature 101.4° . At half past two P. M. he was seized suddenly with the most profuse hemoptysis, from which he died in a few minutes.

A post mortem examination was made by Dr. N. P. Dandridge, pathologist of the hospital. The lungs were adherent to the chest walls by recent lymph. They contained throughout numerous miliary tubercles: the largest of these had undergone slight softening in the center. No cavities were found anywhere. The bronchial tubes of both lungs contained blood; but although a most careful search was made for the source of the hemorrhage, it could not be discovered. The peritoneal membrane was everywhere studded with miliary tubercles and covered with old lymph: the cavity contained a small quantity of serum. Numerous miliary tubercles existed in the liver, and the spleen was enlarged, having interspersed through its substance a great number of caseous masses of variable size. The mesenteric glands were enlarged and caseous.

A point of interest in this case is the course of the abdominal symptoms. When he came into the house he presented all the characteristics of tubercular peritonitis, and such was the diagnosis. But in the course of a few weeks, and upon a very simple treatment, these symptoms entirely subsided, and the patient gained strength and flesh, notwithstanding, as was proved post mortem, the presence of most extensive abdominal lesions. Judging from symptoms alone these seemed to have but little to do with the fatal issue.

The other feature of interest was the occurrence of such profuse and fatal hemorrhage, without the discovery, even after the most careful search, of any condition to account for it.

Hattie S., aged forty-eight; admitted to Cincinnati Hospital October 26, 1878. Her previous health had been good, except that for the last five years she had suffered with occasional attacks characterized by choking sensations and distress in the region of the heart.

Condition on Admission.—A woman of fair muscular development, and apparently well nourished. Complains of distress in epigastric region, with some fullness there, and other dyspeptic symptoms, such as eructations, loss of appetite, etc. No fever; pulse normal; respiration apparently normal, but she complains of having some difficulty of breathing occasionally; tongue furred; bowels inclined to be constipated; mind quite normal. A physical examination of the heart and lungs yielded negative results. She was ordered bismuth and bicarbonate of sodium.

On this treatment she did not improve at all, and continued to complain of the sensation of oppression in the chest, and dyspeptic symptoms. Two or three days after her admission she became slightly jaundiced. She was able to be up all day, but complained of weakness.

Impressed with the fact that the woman was not improving, and that seemingly her distress increased, and thinking that possibly I had overlooked something, I made, on the morning of the 31st of October, a most careful exploration of her chest. On percussion, I found on the left side anteriorly some abnormal resonance: no dullness anywhere. On auscultation, there was revealed prolonged expiration over the whole chest, anteriorly and posteriorly, and moist râles in left mammary region; no abnormal cardiac sounds. There was no increased frequency of respiration, but she complained of a sense of oppression beneath the sternum. That evening she went to bed seemingly in about the same condition as she had been in for the last day or two. At nine o'clock she rose in bed, fell over on the floor, and in a few minutes was dead, never having spoken.

Dr. Dandridge made a post mortem examination, and found

in the pleural cavities a large quantity of serous fluid containing no lymph; the pleural membrane was quite smooth and apparently healthy. The lungs were very edematous, but otherwise normal; the heart was normal; the kidneys were possibly a little firmer than normal, but this was rather uncertain, and otherwise they presented nothing abnormal. Other organs healthy.

In considering the case, two questions will present themselves for solution. How long had the hydrothorax and edema of the lungs existed, and what was the cause of them?

In regard to the first, I can not help thinking that they must have occurred a very short time before death. I examined the patient about ten hours previously, and as the case had puzzled me a good deal, I was exceedingly careful in my investigation, so that had such a condition as was found on post mortem existed at that time, it would not have escaped me; besides, the nurse noticed nothing unusual at the time of the retirement of the patient.

As to the second question, it is very difficult to answer; indeed, I think impossible. It may be said that the kidneys were at fault. Dr. Dandridge, in his report of the post mortem examination, stated that possibly they might be a little firmer than usual, but this was even uncertain; and the urine did not exhibit a trace of albumen during the life of the patient, nor did she exhibit any other symptom of kidney disease. Hence, I would regard this case as one of acute hydrothorax and edema of the lung, the pathology of which is entirely unknown.

CINCINNATI, OHIO.

LECTURES ON THE SURGERY OF THE FACE.*

BY FRANCIS MASON, F. R. C. S.

Surgeon and Lecturer on Anatomy at St. Thomas's Hospital; Hon. Fellow of King's College, London.

LECTURE I.—PART I.

Mr. President and Gentlemen: My first and most obvious duty is to express to the Council my sincere thanks for the honor they have conferred upon me by electing me as the Lettsomian lecturer for the current session. I must confess that whilst I am deeply sensible of the compliment that has been paid me, I am at the same time profoundly conscious of the responsibility that so distinguished a position involves.

In contemplating how I might best occupy the time allotted to the three lectures that I shall have the honor of delivering, I remembered that for many years I had taken considerable interest in the surgery of the face, mouth, throat, and contiguous parts, and, as I had collected several thousand references bearing on these regions—representing, as may be supposed, an immense amount of valuable information—I came to the conclusion that if I sifted some of these references, I might be enabled to submit to the Fellows of the Society many points of more than ordinary or passing interest. I venture, therefore, to engage your attention by describing, as far as my limited time will allow, the surgery of the face, and in bringing this subject before you, I must beg your kind indulgence, inasmuch as I shall necessarily have to refer to many topics with which I feel sure you are all more or less familiar; and I wish to say, at starting, that my object is not to excite sensation, or to provoke controversy by placing before you novelties, but is rather to group together a number of cases I have culled from various sources, including many that have been under my own observation, and which have special reference to the surgery of a region which from its

* Delivered at the Medical Society of London, January, 1878.

conspicuousness forms a very important part of the human body.

My first lecture will be devoted to the diseases, the second to injuries, and the third to the deformities of the face.

In order to render my subject as complete as possible, it will be necessary for me to make a few observations on skin diseases, and these need not detain us long.

Erythema, Roseola, and Urticaria.—These diseases are not unfrequently met with on the face, and resemble each other in many particulars.

In *Erythema* the face is covered more or less with blotches of either a bright red or bluish hue. The eruption depends upon various causes, into which I need not now enter, but I may make a passing reference to the peculiar erythematous blush that is occasionally noticed on the body after surgical operations even of the most trivial kind. The face often participates in the general eruption, which has almost a scarlatinal character. It is amenable to simple treatment, and is chiefly important from a diagnostic point of view. *Erythema circinatum* is particularly seen on the chin and lips, and appears as distinct circles, or segments of circles. *Erythema nodosum* is sometimes observed on the forehead, and very much resembles the same disease noticed on the front of the legs in delicate women. It has been mistaken for nodes, but with a little care a correct diagnosis may be arrived at.

In *Roseola* there is less swelling of the skin. The eruption is first of a bright red, which gradually subsides into a deep rosy hue. In this disorder there is more or less redness about the palate and fauces.

Urticaria or *Nettle-rash* is sometimes limited to the face, and seems to be an aggravated form of erythema or roseola, its characteristic point being the presence of a number of elevations of wheals of variable shape, which are produced by spasm of the muscular fibers of the skin, with a slight effusion of serum. Mr. Erasmus Wilson has pointed out that in the wheals of urticaria an alternate contraction and relaxation of

the muscular fibers may be observed, which gives an appearance of pulsation, as of an ebb and flow of blood in the capillary vessels.

All these eruptions may, in most instances, be traced to some error in diet, and are prevalent at particular seasons of the year, especially if there be sudden alternations of temperature. I need not add that certain medicines produce similar eruptions. As a rule these diseases require but little treatment beyond attention to diet, with the administration of saline purgatives, alteratives, and suitable tonics.

Lichen.—Lichen is often found on the face of infants and children, and seems to be due to the irritation caused by teething. The eruption is easily recognized, and if the finger be passed lightly over the skin of the part affected, the cutaneous surface feels like a delicate nutmeg grater. There is generally more or less erythema present. In simple cases the eruption undergoes desquamation, and thus a cure is effected, whereas in the more severe forms, as in lichen agrius, there is considerable inflammatory action, inducing a copious serous discharge, almost amounting to eczema, and accompanied by much constitutional disturbance.

Herpes.—Herpes is commonly met with on the face, attacking chiefly the lips, eyebrows, and ears. The vesicles, which are dome-shaped, appear in groups of patches, more or less circular in form. Moreover, they are frequently found to coincide exactly with the cutaneous distribution of certain nerves. Thus, in one case reported, the eruption was limited to the distribution of the left supra-orbital nerve, and throughout showed its distinctive nerve character. Five days before the eruption appeared there was constant neuralgia in the exact course of this nerve. The vesicles ran upwards over the forehead, and as far as the top of the head, in a longitudinal direction. The eruption was markedly limited to the left side of the forehead and head, the side of the nose, and to the left upper eyelid. Sir James Paget has placed on record an interesting example in which the parts supplied by the second division of the right fifth cerebral nerve were impli-

cated. In this instance, as in the previous one, extreme pain preceded the eruption. This case was, moreover, considered unique in having necrosis of the jaw as a consequence of the intense inflammation of the palate and gums. Twenty-six days from the commencement of the disease one of the bicuspid teeth of the right side of the upper jaw fell out, on the next another, and in a few days later the canine and both incisors. The herpetic eruption was also noticed on the roof of the mouth.

Eczema.—The eyebrows and ears are no uncommon situations for eczema. In this eruption there is a constant serous exudation, hence its title "humid tetter." The vesicles have a pointed or acuminate form, and if the disease is unchecked, it assumes a somewhat purulent character, bordering on impetigo, and known as eczema impetiginodes, a disease frequently noticed on the alæ of the nose and on the lips of ill-fed children.

The eruptions of *impetigo* and *ecthyma* often coëxist, and I need hardly add that their main difference is that in impetigo the eruption is generally confluent, whereas in ecthyma the pustules are solitary, and have an inflamed base.

The constitutional treatment of these diseases must be conducted on general principles, but local applications are particularly suitable when there is much serous exudation. Ointments of a simple character, such as zinc ointment or compound subacetate of lead ointment, are especially serviceable, as they prevent evaporation, and thus obviate the production of scabs.

Psoriasis and Lepra.—These affections are occasionally met with on the face. They are characterized by their dryness, and in this respect differ essentially from eczema. Psoriasis that follows the infecting or true syphilitic sore does not, I venture to believe, commonly affect the face, and when this part is attacked, the inference is, as I think, that the patient has been rather severely poisoned by the disease. The severity of the attack is further indicated by the eruption appearing simultaneously on the palms of the hands and the

soles of the feet. From some cause the face and the dorsum of the hands—parts exposed to atmospheric influences and exposed also to observation—seem, fortunately for the sufferer, to possess comparative immunity. The administration of arsenic, iron, iodide of potassium, and the perchloride or other preparations of mercury, generally effect a cure. Locally the white precipitate ointment may be advantageously employed.

Parasitic Diseases.—Of the parasitic diseases we have the type of the animal parasite in *scabies*, which is said by some authorities never to attack the face, but I am sure that it is occasionally found in this region. When it occurs on this part, Dr. Tilbury Fox has noticed that it is occasionally accompanied by sympathetic eczema about the scalp, and in children by ecthymatous pustules.



FIG. 1.

The *tineæ* or vegetable parasites are not unfrequently seen on the face. Thus *tinea circinata* is occasionally observed on the chin and on the cheek, as shown in the woodcut (Figure 1). *Tinea decalvans* manifests itself as bald patches on the skin in the region of the whiskers or beard, and *tinea sycosis* especially attacks the chin. I may say briefly respecting the treatment, that

ointments containing sulphur are invaluable in scabies, and slight mercurial preparations are useful in the different forms of *tineæ*.

Acne.—The only other eruption to which I need now refer is acne, which is perhaps the most common of all diseases of the skin of the face. *Acne punctata* appears as small black spots, which are the orifices of the sebaceous follicles blocked up with sebaceous matter, dirt, and soap. Its most usual situations are those that escape the friction of the towel after washing. Thus the disease is particularly noticed on the cheeks, beneath the prominence of the malar bone, between the chin and lower lip, on the side of the nose, in the tem-

poral region, and especially in the concha of the ear. In acne simplex there is peri-follicular inflammation, and very often the black spots of acne punctata may be observed at the summit of the small pustules. In acne indurata the inflammatory action is of subacute character. Here the black spot is seldom observable, but instead there is a hard, somewhat diffused lump, which is readily appreciable to the touch. These varieties of acne are essentially diseases of early adult life, and are met with, as a rule, from puberty to about the age of thirty. They are often rebellious to treatment, but may be kept in abeyance by the patient attending strictly to diet and by irritating the parts as little as possible. It is best not to wash the face more frequently than is absolutely necessary, and warm water alone, without soap, should be used. The part should be dried with a soft towel. Acne rosacea seldom appears before the age of forty, and thus differs from the other varieties already described. The face is especially its local habitation. It is observed partly on the nose, and extends laterally to the cheeks as a reddish patch, on which a few pustules are here and there scattered. Although it is often attributed by the ignorant to high living, it is very frequently an indication of imperfect digestion, and occurs, as is very well known, in persons of the most abstemious habits.

Boils and Carbuncles.—Boils and carbuncles occasionally attack the lips, cheeks, and forehead. They cause great disfigurement, and are attended with more or less, but sometimes a considerable amount of, pain. The more circumscribed swelling in a boil gives it its distinctive character, and it comes, from time to times, in this, as in other parts of the body, in crops, whereas carbuncle is usually solitary, and there is a diffuse, brawny, and peculiar hardness due to the arrangement of the soft structures comprising the lips, cheeks, and neighboring parts. With regard to local treatment the question of making incisions seems still to be *sub judice*. I venture to think that in most instances boils and carbuncles are better left to nature, the surgeon merely assisting by ad-

vising the free application of warm-water dressings. By this mode of treatment the surrounding parts become thoroughly relaxed, and thus the inflammatory products are more readily carried off. It is not often that facial carbuncle is followed by a fatal termination, yet Dr. Cockle brought before the notice of this society in 1874 an example of death from this disease, which was situated on the left side of the upper lip.* Mr. Cæsar Hawkins also reports a fatal case of a carbuncle which attacked the chin, and was as large as a tennis ball.† Both these patients died of pyæmia. Again, Mr. Thomas Smith has directed attention to two deaths from facial carbuncle. He attributed the fatality of this form of carbuncle to the susceptibility of the face to erysipelas and edema, and also to the peculiarities of the venous circulation shown by the sudden deaths that have been occasionally noticed after injecting nævi of the face with strong styptics, such as the tincture of the perchloride of iron.‡

Abscesses.—Abscesses of idiopathic origin are not very common, but they are occasionally seen on the face, and the usual variety is that which is known as strumous abscess. It



FIG. 2.

is of slow growth, and exists as a collection of sero-purulent fluid, immediately under a reddened, thin, and generally oblong portion of skin, the cheek being a common situation. A good plan of treating these abscesses is to make a small opening in a dependent position, which allows the contents to exude spontaneously. If, in addition, a pad of lint of suitable size be applied over the abscess, a reaccumulation of the matter is obviated.

* Proceedings of Medical Society, Vol. I, p. 163.

† The Lancet, November 17, 1860, p. 487.

‡ Clinical Society of London, January 14, 1870.

These abscesses are comparatively painless, their progress is slow, yet, even with the greatest care and attention, they are frequently followed by ugly cicatrices, which are well shown in Fig. 2.

Fistulous openings on various parts of the face are not unfrequently met with as the result of decayed teeth, or of necrosis of the subjacent bones, the lower jaw, for example, as shown in the woodcut (Fig. 3). Or they may depend upon the presence of other foreign bodies, as in a case that was under the care of Mr. Henry Smith, which was sent to him in the belief that there was necrosis of the jaw. After a careful examination, Mr. Smith discovered and removed a piece of tobacco-pipe, about three inches long, which had been imbedded in the cheek for several years.*



FIG. 3.

Sometimes the disease may be traced to the antrum, as in a case that Dr. Richardson kindly placed under my care about three years ago. In operating on the patient I thought it advisable to divide the upper lip in the median line, and having separated the soft parts from the bone I freely opened the antral cavity. A large quantity of offensive cheesy material was evacuated, and the patient made an excellent recovery.

Abscesses connected simply with the soft parts may be complicated with erysipelas, but they are rarely dangerous to life. Dr. Bacon, of the Fulbourne Lunatic Asylum, has, however, placed on record an interesting example to prove that even death may occasionally occur in such cases. His patient was a lunatic who had an abscess of the cheek caused by a decayed tooth. In three or four days from the com-

* Assoc. Med. Journal, November 10, 1854, p. 1017.

mencement of the attack the patient died comatose from the extension of the inflammation into the brain.

Ulcers.—Ulcers of infinite variety are met with in the face, and are frequently the result of injuries by which the soft parts have been more or less damaged; or they may arise idiopathically, as in rodent ulcer and epithelioma, of which I shall speak presently.

The cachectic ulcer is frequently found on the face. It begins as one or more hard lumps of variable size in the subcutaneous tissue, in which at first there is but little pain. To these indurations the name of "gummata" has been applied, and they are said to be usually due to syphilitic taint. There are, however, many examples of this ulcer, in which the history of syphilis is entirely wanting. Thus, I here show you several photographs of patients having such ulcers, and in none of these instances was there, as far as I could make out, the slightest trace of syphilis.

Whilst on the subject of ulcers, I must not omit to refer to the possible presence of the true infecting syphilitic sore which has been met with on various parts of the face. These sores are important chiefly from a diagnostic point of view, for they have not unfrequently been mistaken for cancer, and have been treated accordingly. In illustration of this point, I may say that in 1872 I saw a man at the hospital, who was twenty-six years of age, and had been operated upon three times within two months for, as he said, cancer of the lower lip. When I saw him he had about his body the clearest evidence of constitutional mischief. What remained of the lower lip presented an uneven, jagged, white patchy appearance, which seemed to me, as well as to those who examined him, to be markedly characteristic of syphilitic infection. He was placed on the solution of perchloride of mercury, and he recovered. His object in applying at the hospital was to undergo a further operation.

Cysts.—Cysts, or cystic tumors, of various kinds are frequently found on the face. Perhaps the commonest variety is

the sebaceous tumor, well represented in Fig. 4. Such cysts are of slow growth, and often present at their summit a black spot, as was the case in the patient just referred to. They are,



FIG. 4.

as a rule, dome-shaped, and their outline differs in this respect from fatty tumors, which generally present a more flattened form, and are seldom met with in this region. This diagram (Fig. 5) is introduced to show the comparative appearance, on section, between a sebaceous cyst and a fatty tumor.

Cystic tumors are usually subcutaneous. Occasionally, however, as in the frontal region, they are submuscular, or subaponeurotic. Sometimes they are met with in connection with the mouth, or even with the cavity of

the nose, as in a remarkable instance reported by Mr. Mungo Park,* in which the tumor, being so situated, displaced the nasal bones considerably. Their contents vary in character; thus they may either be of cheesy consistence, being principally composed of cholesterine, fat, and epithelial scales, or they may be of a more fluid nature.

Hydatid cysts are occasionally met with on the lips and eyelids, and the dermoid cysts are generally situated in the region of the eyebrow, and often contain hair.

The best mode, in my opinion, of removing cystic tumors is to transfix them, by which a free opening is at the same time made into the cyst cavity. After the contents of the sac have been squeezed



FIG. 5.

* The Lancet, 1841-42, Vol. I, p. 886.

out, the cyst itself becomes more evident, and is easily dissected from the surrounding parts, without much hemorrhage, provided care be taken to keep the knife close to the sac.

The removal of cysts situated in the region of the brow is often attended with troublesome hemorrhage which hampers the operator. It is well, under such circumstances, to suspend the operation for a few minutes until the bleeding has ceased. Fine silk stitches may be employed to bring the edges of the skin-wound together, or really good adhesive plaster is frequently all that is required. In children it is of special importance to bring the edges accurately together, in order to obviate a subsequent scar.



FIG. 6.

Blood-tumors, or hematomata, are occasionally seen on the ears (Fig. 6), and are said to be frequently met with in insane and idiotic persons. In referring to such cysts, Dr. Gudden observes that, inasmuch as he has noticed finger-marks, these tumors may often be traced to rough handling either by the patients or by others.

Reviews.

The Cell Doctrine—Its History and Present State. For the Use of Students in Medicine and Dentistry. Also a copious Bibliography of the subject. By JAMES TYSON, M. D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania, etc. Second edition, revised, corrected and enlarged. Illustrated. Philadelphia: Lindsay and Blakiston. 1878. 199 pp.

Prof. Tyson's little book is a summing up of our knowledge of cells. His first edition was given to the world eight years ago, and was an admirable work, giving the theories of the development of the tissues from the earliest times, but coming to the special ideas of individuals with Haller's fiber doctrines in 1757, and continued by epitomizing the views of other writers of mark until the time of publication. Since 1870, much has been done in adding to our knowledge of the nature and function of cells, and this by a number of individuals, and perhaps equal numbers have done as much that did not advance our knowledge; and it is a substantial service to students of all ages to have a competent man winnow the chaff from the grain in such cases, leaving the student more time to thoroughly digest and assimilate the grain. Prof. Tyson, in his second edition, has done this service in an unexceptionable manner, presenting, in brief but intelligible terms, the conclusions of all investigators whose conclusions are worth rehearsing, up to the present, including the labors of Dr. Klein, published in July, 1878.

The last twenty-five pages of Prof. Tyson's text are devoted to an exposition of the cell knowledge of to-day under the title, "Summary—present state of the cell doctrine—author's views." This summary is so concise and meaty that one must be familiar with the late teachings in cell literature, or otherwise have examined the preceding pages of the book with

some attention, to enable him to appreciate all that the summary is intended to convey.

Prof. Tyson has been charged with leaning, more than science will warrant, to the doctrines promulgated by Beale. This is probably a mistake. He quite properly coincides with Beale in the view that pabulum passes through the formed material, and whatever constitutes the periphery of a cell, to its center or nucleus, where the first pabulum undergoes transformation into germinal matter by virtue of the vital energy of the existing germinal matter. But no one probably is prepared to deny this, whatever opinion he may have concerning Beale's idea that this service of metabolism is *sui generis*—a special vital endowment, and not a phase of correlated force. Tyson does not indicate his adherence to, or rejection of, these views of Beale, and we are, therefore, at liberty to suppose that he joins the great body of biologists in the belief that Beale is in error; *albeit*, no one, now remembered, has yet shown how this metabolic action of the cell is accomplished by a phase of physical force, while the procedure is in the face of the ordinary laws governing physical force. Perhaps Tyson's frequent quoting and copying Beale conveys to some the impression that he adopts all Beale's theories, but such a conclusion does not follow. Beale observes so accurately, reports so honestly, that all truthful and unbiased writers must account him high authority, but need not therefore follow him in his theories. And while Tyson begins his book with a plate of seventeen colored figures illustrating Beale's views of germinal matter and formed material, he closes the book with a double plate of twenty shaded figures, copied from Klein, displaying the very latest observation of intranuclear network, and fibrillar structure of cells.

Brief as are Prof. Tyson's notices of the steps by which we have arrived at our present status in cell wisdom, they are explicit and ample enough for the end he aims at; and for those who wish to pursue the investigation further, he has made copious foot-note reference to authorities, and furnishes twenty-five pages of bibliography at the close of the text.

Profitable advance in medical science is to be looked for chiefly in a more exact knowledge of histology and physiology, and the prime factor in these is the structure and function of cells in their untold varieties and relations; and the second factor is—if we do not count it embraced in the first—the special anatomy and service of the nervous system in its entirety. Although these are still in a state of progressive development, students of medicine should have them pressed on their attention as foundation elements of their professional education, with the same earnestness and until they compassed them as clearly as the students of the science of numbers have pressed on them, and compass the primary departments of arithmetic. The busy practitioner can not find time to pursue these branches as they progress, in detail, and for him the faithful work of Tyson is a real boon; and let us live in the hope that, in the near future, some equally competent laborer will enter the fruitful field of nerve literature, and, separating the tares from the wheat, do for us in this what Tyson has done for us in that. The field is large, the ground is strong, the tares abundant, but the work is urgent, and for its successful accomplishment the reward will be great—in the gratitude of good doctors. Instructors and students in medical colleges will rise up and bestow their blessing. Who will enter the lists for this fame and these plaudits? J. F. H.

Clinical Diagnosis—A Hand-Book for Students and Practitioners of Medicine. Edited by JAMES FINLAYSON, M. D., Physician and Lecturer on Clinical Medicine in the Glasgow Western Infirmary, and Examiner in Clinical Medicine to the Faculty of Physicians and Surgeons, Glasgow. Philadelphia: Henry C. Lea. 1878.

The book begins with a list of contributors and their subjects, which gives the reader information, at one glance, not only of the contents but who are the authors. W. T. Gairdner, on the Physiognomy of Disease; James Finlayson, (editor), on

Case Taking, Family History, and on Symptoms of Disorder in Various Systems; William Stephenson, on Disorders of the Female Organs; Alexander Robertson, on Insanity; Samson Gemmel, on the Sphygmograph, and on the Physical Examination of the Chest and Abdomen; Joseph Coates, on the Examination of the Fauces, Larynx and Nares, and on the Method of Performing Post Mortem Examinations.

Book-making, excessive book-making, appears to be the ruling passion of our times. Even a brief and cursory examination of the subject will show that excellent works on almost every important medical topic have already been published. The majority of books belonging to this class are exhaustive, and represent the most recent as well as the best knowledge on the subjects they treat of. In making up a working library, the physician is not troubled with wants that can not be filled; on the contrary, he is embarrassed with wealth of material before him, and he hesitates in his choice between works of great and acknowledged merit, authors of distinguished and well deserved renown. Let no man, then, inflict a new book upon a long-suffering public, unless he has something new and original to say, and that something is worth the saying, unless he can say something that has already been said in a new and a better way than it was ever said before.

The perusal of the volume whose title appears at the head of this review, yields the information that it contains nothing new or original—nothing which has not been often and as well, if not better, said before in the numerous text-books and monographs with which the medical press is teeming.

The book contains eighty-five illustrations, hardly one of which is original, but all are painfully familiar, and have appeared in numerous books already published. Every physician, who keeps up with the literature of his profession, has the subject-matter of this volume in various forms in works already in his possession, and does not need this book; to one who is not a reading man, it is useless.

The paper, typography and binding are everything that could be desired.

J. A. O.

The Principles and Practice of Surgery. By JOHN ASHHURST, Jr., M. D., Professor of Clinical Surgery in the University of Pennsylvania, etc. Second edition, enlarged and thoroughly revised. With five hundred and forty-two illustrations. Philadelphia: Henry C. Lea. 1878.

The first edition of Dr. Ashhurst's work was noticed in these pages on its appearance, now seven years ago. The second edition, thoroughly revised and (but little) enlarged, is before us. We say with a pleasure which none but a student of surgery can fully appreciate "*but little*" enlarged—only thirty pages having been added to the present volume. And yet it may be safely affirmed that the author has omitted nothing of importance which has transpired in surgical science in the intervening term. The general arrangement of the work has not been changed, and is, therefore, as nearly perfect as its scope will allow. The only department in which the first edition could, perhaps, have been much bettered was in its illustrations. These have been greatly improved by the introduction of a number of original cuts, and by replacing a lot of pictorial antiquities with modern drawings.

We have previously spoken of Dr. Ashhurst's work in terms of praise. We wish to reiterate those terms here, and to add that no more satisfactory representation of modern surgery has yet fallen from the press. In point of judicial fairness, of power of condensation, of accuracy and conciseness of expression and thoroughly good English, Prof. Ashhurst has no superior among the surgical writers in America.

Notes on the Treatment of Skin Diseases. By ROBERT LIVEING, A. M., M. D., etc. Fourth edition, revised and enlarged. New York: William Wood and Co.

This little book is more than worth its weight in silver, or in gold, to the busy practitioner. It is clear, concise, condensed, in its statements, and comes in such a cheap form any physician can purchase it.

On Rest and Pain—Lectures on the Influence of Mechanical and Physiological Rest in the Treatment of Accidents and Surgical Diseases, and the Diagnostic Value of Pain. Wood's Library of Standard Medical Authors. New York: William Wood and Co. 1878.

It would hardly be necessary to give the full title of this book for the benefit of the older members of the profession, who have pleasant recollections of the first edition published years ago. They would recall "Rest and Pain" as one of the most philosophical and suggestive books of its period, and the younger members will doubtless ratify their opinions and the good judgment of the publishers in beginning their library with this work, when they have read and *studied* this edition of Mr. Hilton's work.

Though the book is principally taken up with the surgical aspects of "Rest and Pain," yet there is an amount of precise anatomical detail and physiological instruction, which is largely available for the physician as well as the surgeon.

The author starts out, in the first lecture, with some general considerations of "Rest" in relation to growth and then in relation to repair, "endeavoring to inculcate that growth and repair bear an exact relation to due physiological rest, local and general." Illustrations are drawn from the worked brain and nervous system of the professional man. These sentences have special application to the busy life of modern times. Then follow statements respecting the structure of the heart, lungs, liver and brain, which allow the necessary variations between the ordinary and the unusual functional activity of these organs, and which secure at the same time the needed return to the quiet condition. The application of the general principles, which he develops, is carried out in considerable detail in Surgical Therapeutics. Equally interesting are the portions of the book which treat of Pain.

Students and practitioners need such anatomical and pathological instruction as they find here to teach them and to assist in the clinical investigation of pain. It is by no means an easy diagnosis, that of pain in its varied anatomical positions and pathological significance. Such an exposition as we have here will be a welcome and refreshing study.

The chance which the publishers afford for getting a cheap edition of valuable works, is an excellent one. We would prefer to have a better set of engravings.

W. C.

The Pathological Anatomy of the Ear. By HERMANN SCHWARTZE, M. D., Professor in the University of Halle. etc. Translated by J. ORNE GREEN, A. M., M. D., Aural Surgeon Boston City Hospital, etc. Boston: Houghton, Osgood and Co.

This book is entirely devoted to the pathological anatomy of the ear, and the first that has been strictly confined to this subject: it may be accepted as an authority, as it presents in small space the results of researches and experiments which required much time and a great deal of labor and patient study. Dr. Schwartze is already known to the profession as a thorough and impartial worker in his field of scientific investigation. His opportunities have been abundant, and in this work he has contributed a valuable addition to the literature of otology. The translation has been well made, and the work may be considered necessary to all physicians whose practice includes diseases of the ear.

J. R. W.

The Physician's Pocket Day-Book. By C. HENRI LEONARD, M. A., M. D. Published by the Author, Detroit, 1878. For sale by Cathcart & Cleland, and J. P. Morton & Co. Price, \$1.00.

Dr. Leonard's little books are usually practical, and the above book is not an exception; and for recording the physician's day's work we know of none, occupying so small a space as this one, that will serve the purpose equally well. This is strictly a day-book, and does not contain a condensed materia medica, poisons and their antidotes, etc., which additions might be referred to a few times in a year, but scarcely counterbalance the increased bulk of the book.

A Monograph on the Treatment of Diphtheria—Based on a New Etiology and Pathology. By WILLIAM C. REITER, A. M., M. D. Philadelphia: J. B. Lippincott and Co. 1878.

This is a small *brochure*, but a strong one. Its substance may be stated thus: The cause of diphtheria is excess of fibrin in the blood; to cure it, give a child, eight months old, three and a half grains of calomel every hour for sixty hours; bleed a girl seventeen years old twenty-four ounces, and give her twenty-five grains of calomel to begin, then ten grains every hour until she has taken half an ounce. This is about all there is of the pamphlet, and it seems hardly worth while to have published this, and to have it copyrighted was surely supererogant.

The author lives in Pittsburgh, and after reading his cases one can heartily join Prof. Wood in his opinion—expressed on another occasion—that diphtheritic patients in Pittsburgh are pretty hard to kill.

J. F. H.

A Treatise on the Science and Practice of Midwifery. By W. S. PLAYFAIR, M. D., F. R. C. P., etc. With Notes and Additions. By ROBERT P. HARRIS, M. D. Second American, from the second and revised London edition. Philadelphia: Henry C. Lea. 1878.

This edition of Playfair's *Midwifery* is dedicated to Dr. T. G. Thomas. It is a great improvement upon the first edition, thanks especially to a severe criticism of the latter which was published in the *Dublin Journal of Medical Science*, and nearly every error pointed out by the Dublin critic has been corrected in the second edition; and thanks, too, to the work of the American editor who stands so high as an obstetric authority. We can heartily commend it alike to student and practitioner.

Clinic of the Month.

CLINICAL REMARKS ON CRETINISM.—The following observations by Dr. Abraham Jacobi, are taken from the Hospital Gazette:

Frank H., eight years of age. As an infant he seemed to be healthy up to eight months, when he had a slight convulsion, as the result of an injury received. The mother noticed that he seemed weak for about three weeks after this; but he then gradually recovered his strength. When four years old, he had an attack of measles, and when five years, of varicella. He began to walk when he was nineteen months old; but although he could say single words at a comparatively early age, he was not able to combine them, in even the shortest sentences, until he was four years old.

The mother thinks he is not as bright as other children of his age. He learns anything with great difficulty, but it would seem that his powers of memory are unimpaired, or at least to any great extent. He is very irritable and quick-tempered, and sometimes becomes very violent when enraged. His appetite is good, and he usually sleeps very well. Occasionally (but only at long intervals) he is troubled with nocturnal enuresis; and he has some naso-pharyngeal catarrh. The pupils are normal, and there is no muscular paresis, and no valvular murmur of the heart.

In regard to the learning to talk so late, I may say that in some instances, even where children are of unusual intelligence, this is the case; but, as a general rule, children of good intellectual capacity begin to talk comparatively early. Here, we have just seen, the mother does not think her boy as bright as other children of the same age, and, therefore, we naturally associate this with the other symptoms denoting an impaired

mental development. In a case like this a good deal depends on whether we can trace the trouble back to fetal life or not. Here it would seem that there is no ground for attributing it to that period. The mother has had no other children, and she says that she noticed that this one smiled about the usual age—say at five months. He seems to have had some sort of spasmodic attack when eight months old; but the effects of it soon passed off, and he walked at the age of nineteen months.

On looking at the child we are first struck with the narrowness of the head and face; and the mother states that in this respect the boy resembles his father. When, on examining the head more carefully, we find indications that the anterior fontanelle probably closed at an unusually early age. The supra orbital ridges are quite prominent, but the upper part of the forehead is narrow and retreating. We also find the hard palate very flat, and where this is the case, we expect to see also an unusually short vomer. This makes the insertion of the nose very low, and is one of the characteristic features of cretinism. The teeth and alveolar processes, as well as the bones in general, are extremely hard, and present a clumsy appearance. In cretinism there is very early ossification between the sphenoid and occipital bones; what Virchow terms the tribasilar synostosis occurring at the base of the skull. Such cases are characterized then by low vomer, retracted nose and clumsiness of the bones in general. As we would naturally expect, the base of the brain is abnormally short. Of course there are various degrees of severity in cretinism; but when the condition is well marked, the case is usually a hopeless one.

As to the origin of the trouble in the patient now before us, we are not able to trace it back to any fetal or infantile encephalitis. The convulsions spoken of seem to have been merely the result of an accident, and to have been followed by no further trouble; so that we are forced to fall back on something else. The explanation, I think, is found in the present condition of the brain, as indicated particularly by the

very marked flatness of the palate. The prognosis here is poor. Medical science can do nothing for this boy; and for all that can be accomplished in his case, we must look to careful and patient training on the part of his parents or teachers.

TREATMENT IN CASES OF EXCESSIVE LOCHIAL DISCHARGE.

Dr. Hugh Miller, in a clinical lecture delivered at Glasgow, recommends the following prescription in cases in which there is an excessive discharge, accompanied by a relaxed condition of the uterus. He administers one drachm doses of liquid extract of ergot repeated every three or four hours, and

R Quiniae sulph.,	℥ ss
Acidi hydrobrom.,	℥ vj
Aquam ad.,	℥ ij

Dose, one drachm in aq. ter. in die.

By this method large doses of quinia may be given without causing headache. In septic cases Dr. Miller advises the employment of sulpho carbolate of potash, in the form of powders, in doses of ten to fifteen grains internally three times a day. When the discharge is suspended, the treatment consists of turpentine stupes applied over the lower part of the abdomen, with the addition of warm moist cloths, or of sponges, pressed out of hot water, and applied to the external parts. In special cases, which require an antiseptic plan of treatment, Dr. Miller makes use of a solution of thymol, one part to five hundred parts of water, or, better, three grains of thymol to an ounce of eau de Cologne. This mixture, which has a pleasant and rather refreshing odor, is simply sprinkled over the napkins before they are used. In severe cases, with a putrid odor, a solution of permanganate of potash, injected with Higginson's syringe, provided with a vaginal portion, is made use of; the injection of the fluid is continued till it returns unaltered in color. In all cases where the discharge is excessive, tincture of arnica is employed; the tincture is used in the proportion of one teaspoonful to a cupful of water; it acts as a mild astringent and disinfectant. (Practitioner, from the Edinburgh Medical Journal, Nov. 1878.)

TREATMENT OF ACUTE RHEUMATISM.—Dr. Alfred Stillé, Medical Record, in referring to blisters and alkalies, in the treatment of acute articular rheumatism, remarks as follows:

It may be difficult to see the connection between these two classes of remedies in their power to influence the course of acute articular rheumatism, and yet it is certain that they do so influence it, and in the same way, *i. e.*, by altering the condition of the blood from acid to alkaline. If you ask me to explain to you how blisters act in this way, I am obliged to confess my ignorance. To produce this effect, they must be applied over all the affected joints. Experience, if not science, has decided conclusively in their favor. They do produce a cessation of the local symptoms, render the urine alkaline, and diminish the fibrin in the blood.

This brings us to a consideration of the use of alkalies. Alkalies neutralize the acids, act as diuretics, and eliminate the *materies morbi*. Alone, and in small doses, they are unable to cure; but, when given in very large doses, their effects are marvelous; the pulse falls, the urine is increased in quantity and becomes alkaline, and the inflammation subsides. The symptoms of the disease are moderated, the duration of the attack is shortened, and the cardiac complications are prevented.

The dose of the alkalies must be increased until the acid secretions are neutralized. A very good combination of these remedies is the following:

R	Sodæ bicarb.	℥ iss
	Potas. acetatis	℥ ss
	Acid. cit.	f. ℥ ss
	Aquæ	f. ℥ ij.

S.—This dose should be repeated every three or four hours until the urine becomes alkaline. On the subsidence of the active symptoms, two grains of quinia may be added, with advantage, to each dose. The alkalies must be gradually discontinued, but the quinia continued.

The diet should consist of beef-tea or broth, with bread and milk; no solid food should be allowed. Woolen cloths,

moistened with alkaline solutions, may with advantage be applied to the affected joints. To these laudanum may be added for its anodyne effect.

The patient must be sedulously protected from vicissitudes of temperature, and lie in bed between blankets. The alkaline treatment relieves the pain, abates the fever, and saves the heart by lessening the amount of fibrin in the blood.

A long time ago Dr. Owen Rees, of London, introduced the use of lemon-juice. This remedy was thought to convert uric acid into urea, and so to help elimination. Though the treatment is practically right, the theory of it is wrong. Lemon-juice does good in mild cases, but can not be relied upon in severe attacks.

During the febrile stage of acute articular rheumatism the diet should consist mainly of farinaceous and mucilaginous preparations, with lemonade and carbonic acid water as a drink. The cloths applied to the joints should be changed when they become saturated with sweat, and in changing them the patient should be protected from the air.

The sweating may be controlled by small doses of atropia, from one-sixtieth to one-thirtieth of a grain. To prevent subsequent stiffness, the joints should be bathed with warm oil and chloroform, and wrapped in flannel cloths. In the proper season this condition is very well treated by sea-bathing. There is no specific plan of treatment in acute articular rheumatism. The treatment must vary according to the intensity of the inflammation, and the peculiarities of the patient.

THE TREATMENT OF PLACENTA PREVIA.—In a paper recently read before the Medical Society of the District of Columbia, Dr. J. T. Johnson calls attention to the high rate of mortality observed in cases of placenta previa, as regards both the mother and child. The frequent recurrence of hemorrhages so exhausts the mother that when the time for actual labor arrives she is in no condition whatever to bear the hemorrhage which usually accompanies the dilatation of the os. The child,

too, for the same reason, is very frequently sacrificed, even when the mother's life is saved. He strongly dissents from the treatment generally adopted in such cases, and advises that in all cases where the existence of a placenta previa has been clearly diagnosticated, premature labor should be induced before the occurrence of exhausting hemorrhages. In cases where labor has already begun, he favors the immediate introduction of a catheter, and the withdrawal of the liquor amnii. The uterus is thus at once provoked to greater activity, and, moreover, can act to a better advantage. The head, if that be the presenting part, is driven down, and as the cervix dilates, the pressure of the head controls the hemorrhage. The introduction of a sponge or laminaria tent, followed later by the use of Barnes's dilators, hastens the dilatation. In this way version may be avoided. Where version must be performed Dr. Johnson advises that bimanual version be tried, rather than that the hand should be forcibly carried within the uterine cavity through the imperfectly dilated os. In conclusion, he states that he is firmly convinced that in proper cases, and when seen in time, the induction of premature labor will save many lives, both fetal and maternal; and, also, that when the above-mentioned gentle means of dilating, and at the same time plugging the cervix, are universally adopted, the fearful mortality in these cases will be greatly reduced. (Boston Med. and Surg. Journal.)

FEBRIS INTERMITTENS TETANICA.—The manifestations of malaria are so various, that in a malarious district where one can not account for the symptoms in a case, quinia is given as an aid to diagnosis. Dr. Fronmüller, in the *Memorabilien*, Dec. 18, 1878, relates a case of tetanic intermittent fever in which quinia solved the problem. The patient came to the hospital on the 23d of April, 1878, barefooted through the cold. He complained of pain in the head and a stitch in the side. He had a chill, followed by fever and its accompanying symptoms. He was given an infusion of jaborandi which produced sweating and salivation. On the next night, he was

suddenly seized with cramping in the muscles of the neck and jaw. There was opisthotonos; the eyes were open and staring; the lower extremities in a convulsed condition. He was unable to articulate—was completely unconscious and without feeling.

This condition lasted four hours, but the patient was better the next morning and had some appetite. Temperature was $36\frac{1}{3}^{\circ}$ C., about 102° F.; pulse 68, slight pain on pressure from the fifth to the eighth dorsal vertebra. From the 24th to the 27th of April he had seven well marked tetanic attacks, generally in the evening. The symptoms of epilepsy were absent. He was treated with ice-bags to the tender points over the spine, then morphia injections, and finally the application of leeches, and internally bromide of sodium.

The appetite was moderate, the spleen was enlarged, the blush from the fever became more apparent, and the tetanic attacks seemed to follow the cold stage. All the previous treatment had been of no avail, so Dr. F. concluded to treat the case as an intermittent, and accordingly gave him a half gram of quinia ($7\frac{1}{2}$ grains) three times a day. The day after beginning the quinia treatment the patient complained only of the quininism, and called for more food and beer. He had no more attacks, and at the end of a week was discharged from the hospital as cured.

OLEATE OF ZINC IN THE TREATMENT OF ECZEMA.—Dr. Radcliffe Crocker draws attention to the utility of oleate of zinc in eczema. For this purpose it is prepared by stirring together one part by weight of oxide of zinc with eight fluid ounces of oleic acid as free from palmitic acid as possible, and after letting it stand for two hours, heating it until the zinc is completely dissolved. On cooling it forms a yellowish-white hard mass, which can be made into the consistence of ointment by the addition of one part of vaseline or olive oil, or two parts of lard or solid ointment. Vaseline is preferable, as it is not liable to change. The other preparations soon become rancid; they should therefore be freshly made, and then answer equally

well and are much more economical. This preparation is very effectual in acute and chronic eczema in the discharging stage. In the dry stage it is also useful: but in many cases more stimulant remedies cure more speedily. The oleate of zinc ointment is a remedy of the same class as Hebra's unguentum diachyli; and whilst beneficial in all forms of eczema, its most striking effects, as just mentioned, are seen in the discharging stage, and so far as Dr. Crocker's experience has carried him, it never seems to do harm in any case, as happens when stimulating remedies are injudiciously applied. Dr. Crocker has treated a large number of cases with this remedy with most satisfactory results; he consequently recommends it as one of the most useful preparations for eczema that we possess. (Practitioner, from British Medical Journal, Oct. 26, 1878.)

EXCLUSIVE MILK DIET IN CYSTITIS.—In May, 1871, I performed lithotrity on James H., aged sixty-eight, at St. Peter's Hospital, and completely got rid of a phosphatic stone in four crushings. The patient was a pale, thin pipe-maker, who had undergone much privation. He remained perfectly well for four years, when he began to have difficulty in micturating, and was very frequently disturbed at night. He then sought my advice. I sounded him, and found that his trouble arose from an enlarged prostate; there was not a particle of stone in the bladder, and the urine was only slightly clouded with mucus. I taught him how to pass a catheter, and he regularly emptied his bladder night and morning with the instrument, enjoying comparative comfort for years.

Last April he again came under my care, complaining that he was always in pain, and that his urine was very thick. His nights were broken, his strength greatly lessened, and he was not able to work. He was treated by various injections, medicines, and washing out the bladder, without relief.

Under these circumstances I determined to try Dr. George Johnson's method of an exclusively milk diet. Having put his alimentary canal in a fit and proper condition for commencing the treatment, the patient began on June 20th to

live on milk alone, taking half a pint every two hours, his urine being then a mass of muco-pus, which adhered tenaciously to the *pôt de chambre*. He could not pass any urine without the catheter, and was always worried by a dull aching pain above the pubes and in the rectum. The next evening he complained of an acid taste in his mouth, and brought up several pieces of curdled milk.

When there was a tendency of the milk to curdle, the patient was given bismuth. He progressed rapidly, and on July 5th was discharged cured of his cystitis, and a month afterward he remained quite well; but had, of course, to use his catheter as previously (W. F. Teevan, in *Lancet*, Dec. 7, 1878.)

PALUDAL TORTICOLLIS.—M. Jules Simon relates a case of torticollis due to miasmatic causes. The patient was a child of four years of age, a native of Bucharest, who had suffered from several attacks of intermittent fever. When brought under his notice it was suffering from spasmodic contractions of the sterno-mastoid, which commenced every day at about the same time, and lasted from four to five hours. The child was becoming pale, losing flesh and appetite. Fifty centigrammes of quinia were ordered to be taken every day. On the following day the attack was somewhat delayed, on the third the movements were very slight, and in six days they had entirely disappeared. (*Lancet*, Jan. 4.)

EPHEMERAL PARALYSIS OF BABIES.—M. Jules Simon, at his clinique at the Hôpital des Enfants Malades, draws attention to an affection, to which he gives the above name, pointing out that it is not to be confounded with infantile paralysis. It always has one of two causes: first, a powerful constriction, as in one case it was caused by a nurse seizing the child roughly by the arm; second, cold, as in one case in which it was caused by sitting on a wet lawn. It is accompanied by pains and hyperesthesia. The prognosis is very good, recovery being both complete and rapid. (*Ibid.*)

COPAIVIC ACID AND COPAIVATE OF SODA.—Roquette considers the ethereal oil and the balsamic constituents of copaiba inert, and regards its efficacy solely due to the copaivic acid, which forms salts with the alkalies existing in the human body, and is thus excreted through the urine. Dr. Zlamal agrees with him in this opinion after having successfully treated various important cases with copaivate of sodium, prepared at his suggestion by Geza Lucich. For obtaining the copaivic acid, copaiba is distilled with water to separate volatile oil, and the residuary resins are repeatedly treated with purified petroleum and strong alcohol. Copaivic acid forms white prismatic crystals, which, on exposure to the air, become opaque. Its sodium salt, $\text{NaC}_{20}\text{H}_{29}\text{O}_2$, is made by combining equivalent quantities of the acid and soda, and is likewise white and crystalline. Lucich recommends sugar-coated pills of copaivate of soda, containing each two grains of the latter, corresponding to six grains of balsam copaiva; analyses made by him of Brazil- and Para-balsam proved it to consist of ethereal oil 38.00 per cent., yellow crystallizable resin, copaivic acid, 52.75 per cent., brown soft resin 1.66 per cent. and water 7.59 per cent. (*Pharm. Centralb.*; Amer. Jour. Pharmacy.)

COLLODIUM IODOFORMIATUM.—It is made by dissolving one part of iodoform in fifteen parts of flexible collodion. It was successfully used by Moleschott for alleviating intense pain caused by gouty swellings, in orchitis, glandular swellings, etc. (*Ibid.*)

Notes and Queries.

VINUM MEDICUM.—The subscribers to the American Practitioner will read with interest the following part of a letter. Having read it, they will appreciate that fine womanly instinct which suggested its publication as a possible help to some dispirited doctor; and who of us is not at times cast down and almost hopeless! Those readers need not be informed the author's name; it is written in almost every sentence, it is uttered in the spirit of the whole. Nevertheless, *ex pede Herculem*.

And yet I see no way out of this life of worry and toil. Meantime I shall work on. Being on the treadmill, and the wheel knowing no rest, I must perforce keep moving. If I were to fall heir to fifty thousand dollars I should do no more professional work; but not having a rich relative in the world, I have no expectations in that line. If I were to draw a fifty thousand dollar prize in a lottery, I should give up business. But as I buy no chances, I am not likely to draw even a blank. So, like a very weak man as I am, I grin and swear and bear it. You don't do the middle of this trio, but I hope pray instead, which, I have no doubt, if not more satisfying, is at least followed by no stings of conscience. My income has lessened just one half in the last three years. It has fallen off, for the past four months, thirty-six per cent. on any similar time. At this rate, I shall soon be making nothing. This would stagger the bravest man, and take the courage wholly out of a weak man. And yet, when I come to talk among my brother chips of equal standing, I find they have the same reports—that the same shrinkage has occurred in their incomes. The same has occurred to all classes in this country. The only men in our profession who have gained are

the young doctors, who, in the natural course of things, have gathered here and there a case, now and then a patient. The whales have suffered most; the minnows least. Many of the small fish have given up the ghost, and more will follow. Had the times been prosperous, we would have prospered with them. The times have brought disaster to all branches of art and of industry. Medicine has suffered along with the rest—alike with many, more than some, less than others. Much of our business is, after all, a kind of luxury; people can, in the main, do without much of it, and just as in other things of this class they have been forced to do so. They have learned that, except in the severer ailments, a physician need not always and instantly be summoned; that an office R will often answer as well as a visit, and costs but half; that an attack of colic coming on after midnight does not, as in former times, necessitate an M. D., but can be as quickly relieved by a dose of oil and turpentine, at hand in the closet at a cost of a dime, as by a doctor and the regulation five dollar note.

We who follow medicine can no more escape the calamities which affect other classes than we can fly. If we align ourselves with the other professions and the other callings by which bread is won, we go back or forward as they advance or go back. It can not be otherwise. The same holds true as to our common country. The bad men North refuse to see that what hurts the South hurts them also; the fools South are too weak to realize that what injures the North injures both them and all who dwell at the remaining points of the terrestrial compass in America. No one portion of this country is or can be independent of the other, any more than medicine can be independent of other callings. Prosperity in one tells upon the prosperity of all—just as the present cold wave encircles the continent—just as the warm breezes from the Gulf will in time reach the lakes and dissolve the snow which lies now on all the earth.

The incomes of the rich have been cut; the salaries of officials have been cut; the receipts of commerce have been

cut; the wages of employ  s have been scaled in every direction; the agriculturist scarcely realizes cost on the products of his fields. The hand of want has been laid heavily on the poor. Can we, doctors, who depend for our bread on all those classes of our fellow citizens, expect to escape what presses on them so painfully? Can the fifty thousand good, bad and indifferent men, who prescribe pills and potions, powders and plasters—who straighten crooked feet and squints in eyes and cut for the gravel—who chop off legs and bring in babies and such other small deer, can they, I ask, hope to fare better than their neighbors, their friends, their patrons? Not at all—not at all. And it is the rankest folly to expect it. Times got bad, and receipts from our work fell off. Times grew worse, and our incomes diminished accordingly. And they always *will* diminish *accordingly*. Therefore, let us not despond. To do so is not manly, and is foolish. No good can come of it, and evil will. We are not a whit worse off than our neighbors. You are not a whit worse off than any one of the first ten men you will meet to-morrow morning when you start out on your rounds. If he be a merchant, your anxieties are no greater than his. If he be a laborer, your chances for calls are no less than his are for work. If he be a lawyer, the likelihood of his getting a client and a fat fee are no better than yours for getting a patient who will have a good paying disease. If he be a farmer, your face need be no longer than his, for your prospects are not one shade bluer. And then, has it never occurred to you, my dear brother in the bonds, that we have sources and resources which few of these friends of ours have? We have a consciousness of sympathy shown, of kindness rendered, of patience exercised, of good done and of skill exhibited, not only to the relief of suffering, but even to the saving of life itself. Have any of our friends such solaces as these? Not one. More:—Will not the same dews which fall on our friends, just or unjust, fall alike on us as well? Will not the same sun which will, in the course of the cycles, come to irradiate and revivify, and cause to grow and prosper the

various industries and interests of the nation, shine alike on us, poor sinners all as we are? Surely.

Therefore, O, friend that you are, look things squarely in the face, look at them as they are. Don't try to blink them. Some one has said things are seldom as good as we hope, or as bad as we fear. Times will improve and with them our fortunes. The day will again come when we will be summoned to see the little man with an abrasion of his umbilicus, and the larger man whose nerves the terrapin he had at the club have unstrung, and the great lady who, having no terrapins at home and nothing to wear or to do, first raises Cain and then sails into hysterics and refuses to be comforted. We will have all this, and more of the same sort, as of yore. When the means to indulge in them return, people will demand luxuries as in days gone by; and what greater luxury is there in the world than an agreeable doctor when a body isn't much sick, or a thoroughly good one when you are? So, I say, my friend, be not cast down. "Though much is taken, much abides." Let us, as Ulysses bade his mariners, still "smite the sounding furrows," and remain "strong in will to strive, to seek, to find, and not to yield." That's what *I* am going to do. If I can't get practice of physic to do I can practice economy, and that's the next best thing for the present. I am going to economize in horses, in clothes, and in the countless *et ceteras* in which we all do so love to indulge; I am going to economize in every way and in everything, save and except in my contributions to charities, which I hope will be the last to go, and in medical books and journals. The latter I will have, if to get them requires that I should deny myself all things else. For they, whatever may be said to the contrary, are to the doctor what capital is to the merchant, stock and seed to the farmer, and prices current to trade. They are simply indispensable.

When I began this on my lap, in front of the fire, I thought only of letting off an ordinary business letter. [I am just out of bed from my lumbago.] Yet see to what it has grown

Well, after I had written the greater part of it, I read it to my wife, whereupon she said, "Why don't you put that in 'Notes and Queries?' It would do some dispirited doctor good, may be." Whereupon I said, "I'll leave it to Parvin." So, my dear fellow, if you think it suitable—that it will do any good—use it. You will see where to begin, change, or add or amend or burn, as you please. I am sure I never thought of writing it for print.

And now, good bye! I wish you, and all who are dear to you, a happy New Year, and a prosperous—even if the latter clause hinges largely on the ills of your friends; while I am always, my dear Parvin, faithfully yours,

D. W. Y.

A COURT OF CLAIMS.—*Two Questions of Priority.*—We think there is needed in the empire, or republic, of medicine a court to which should be referred questions of priority in medical discovery. Very frequently we see claims advanced in all honesty of belief, which are not just, and ought to be so characterized. Two such claims we shall now mention.

Dr. Emmet, in the second volume of the Transactions of the American Gynecological Society, foot-note page 453, remarks, "I have been unable to find it recorded that any operator, previous to this date, had washed out the uterus after evacuating retained menstrual blood through a free opening." This was June 6, 1864. Now if any one will turn to page 32, first volume of the *Clinique Medicale sur les Maladies des Femmes*, by Bernutz and Goupil, or to the Sydenham Society's translation, first volume, page 13, he will see that Delpech, in a case operated on in 1830, used repeated injections of warm water. So, too, if he will consult the article *Amenorrhée*, *Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques*, he will find that Bernutz, in discussing the treatment of these cases, remarks, "especially is it necessary to proscribe copious intra-uterine injections which have been recommended by Récamier, and which have quite recently been followed by a rapidly fatal hemorrhagic peritonitis in a patient operated on by Maisonneuve at the *Hotel-Dieu*."

Maisonneuve's operation was in 1862. It is thus evident that Emmet has been at least twice anticipated in his practice. However, few men have done so many able things in gynecology as Dr. E., and he can very well afford to give up this particular claim to priority, especially, too, as it is by no means certain the plan is a good one, and deserving professional indorsement.

And now as to claim number two. The December number of the Pacific Medical and Surgical Journal contains a report of "Enucleation of the Uterus for the Cure of Epithelial Cancer," by Professor L. C. Lane, and the editor remarks:—"We call attention to the report of this case as a novelty in its line. We are not aware of any similar case on record." We can hardly believe the editor means that vaginal extirpation of the uterus for malignant disease is a novelty; for, in addition to Blundell's four operations in 1828, or about that time, and the operations of Siebold, Holscher, Banner, Lizars, Récamier, Roux, and several others in foreign countries, J. P. Warren, of Boston, in 1829, removed the cervix and about half the body of the uterus without any injury to the peritoneum; and Paul F. Eve extirpated the entire uterus in 1850, this operation also being vaginal. Surely any claim in 1878 for novelty, to the removal of the uterus by the vagina, would be set down as worthy the bold assumption of the Tichborne claimant.

But then the enucleation of the uterus—its vaginal removal without incision of the peritoneum—is this a novelty? Not at all. Duparcque, *Maladies de la Matrice*, second edition, Paris, 1839, speaks of Langenbeck's method as characterized by dissecting off the peritoneum without opening it, and states that most operators, however, prefer opening the peritoneum so as to reach the broad ligaments and ligate them before division. So, too, the *Method of Dubled* is described by Malgaigne, *Manuel de Médecine Opératoire*, as *extirpation by dissection without opening the peritoneum*. We hope our Pacific friend is now aware of more than one "similar case on record" a good many years before Dr. Lane's.

TRANSACTIONS OF THE CINCINNATI MEDICAL SOCIETY.—At a stated meeting of this society, held January 7, 1879, Dr. William Carson, president, in the chair, the following discussion (reported by Dr. William Judkins) took place:

Dr. J. C. Mackenzie read the report of two hospital cases that had recently been under his care.*

The paper being before the society for discussion, Dr. C. G. Comggys remarked, in reference to the first case, that as neither clinical observation nor the autopsy, had revealed any inflammatory process, and as no sufficient lesion was found in any other organ, an explanation of the pulmonary edema and the double hydrothorax may be found in the proposition of atony of the extreme vessels—arterioles, capillaries and venous—productive of a stasis that allowed a more or less rapid transudation of the serum. Obstruction to the circulation exists not only in diseases of the heart, liver, kidneys, and from pressure on venous trunks, but from any cause that lowers in a serious degree the innervation of the muscular coat of the blood vessels. Paresis, or paralysis, superinduced by any cause, produces stasis and transudation of serum; and this will be more or less rapid, according to the loss of the muscular tonicity. It is seen to be extremely rapid after frost-bite, or snake-bite, and notably in Asiatic cholera and cholera infantum, where extreme atony of the vessels of the intestines leads to such rapid and fatal transudation, serous diarrhea. It often is one of the moribund conditions, and therefore not available in clinical observations.

In this case of Prof. Mackenzie, I think the serous lesions were dependent on atony of the vessels. The ascites and edema of the lower extremities, so frequently seen in intermittent fever, are due to atony; and the hypertrophy of the liver and spleen, so common in malaria, is often due to transudation alone.

Dr. Carson mentioned a case of phthisis that was in the old St. John's Hospital years ago. The patient was walking in the yard; began expectorating blood; ran for the house, but died

* Dr. Mackenzie's report is given in full in this number. (See page 33.)

from profuse hemorrhage before reaching the same. A careful post mortem examination was held, but could find no sanious cavities or anything else to account for such a loss of blood. Venereal history was unknown in this case; think the kidneys are liable to be greatly at fault where we have a large amount of fluid in hydrothorax.

Dr. Mackenzie spoke of a case where, by the use of the aspirator, he had drawn off over one hundred ounces of pus. Bronchial breathing in this case, for the reason the bronchi were not compressed.

Dr. Carson has known pneumonia diagnosed when pleurisy existed with effusion, because of transmission of respiratory sounds through the fluid.

Dr. Goode called attention to the differential sign of fremitus—will not have it in pleurisy.

Dr. Thomas, of Covington, asked if the first case reported by Dr. M. had been treated in the hospital for venereal trouble, and was answered in the negative. He had had three cases of phthisis lately; two died suddenly from hemorrhage; the third has now semi-occasionally severe hemorrhage from the lungs and nose; there was a venereal history in all of them. The second case had taken to excessive eating after the tertiary trouble presented itself.

Dr. Comegys reported a case of constitutional syphilis in a young lady who came to him with a suspicious erythema of the face and arms; had a sore on her lip; no cervical, glandular enlargement; everything cleared up under the use of hydrarg. prot. iodide. He had every reason to think that the initial sore on the lip came from a kiss.

Dr. Carson has had two such cases in his own practice, and knows of another where a young lady was kissed by her brother-in-law, who had at the time syphilis; a hard sore followed, erythema, etc. She has since married, and had healthy children.

Dr. C. P. Judkins stated that of different remedies he had used, in making a differential diagnosis between a hard and soft sore, the sulphate of copper had proven the most satis-

factory. After an application to the former there was some hemorrhage, and a matted white look over the surface; had no such appearance in the soft sore. There was no doubt in his mind that the poison can be communicated by a kiss; it was now an accepted fact that the virus can be introduced anywhere upon the mucous membrane or cuticle.

A FATAL BOX ON THE EAR.—An inquiry has just been concluded at Willingham, Cambridgeshire, into the circumstances leading to the death of a boy named Arthur Dines, about eight years of age. It appears the deceased was attending the board school at Willingham, and that on the afternoon of Nov. 27th he went to school quite well, but returned home between four and five, looking white and ill, and holding his head towards his left shoulder. He stated that he had been struck over the right ear by the monitor of his class at school. The next morning the poor boy was too ill to go to school. He was seen on different occasions by Mr. Buller, Mr. Ellis, and Mr. Grubb, surgeons in the neighborhood, and they agreed the boy was suffering from cerebral disease, caused by a blow or fall. The patient gradually got worse, and eventually died on Dec. 7th, the last words he said being that the monitor "Hit me in school." This statement was confirmed at the inquest by two of his school-fellows, with this discrepancy, that one stated the deceased was struck by the monitor four times with the flat side of a slate; the other that the monitor had only struck once, and then with his open hand. It was this discrepancy of evidence, coupled with the fact that the deceased had made no complaint to the master, that no doubt caused the jury to qualify their verdict with the statement that the evidence before them was insufficient to justify them in saying by whom the blow was administered, although there was no doubt that the boy died of disease of the brain, and that disease was accelerated by a blow. This is another illustration of the extreme danger attending the practice of inflicting punishment by boxing the ears, and, we may add, of any part of the head generally, since it is a fa-

vorite practice with some masters to rap their pupils' heads with the bent knuckles of the index and middle fingers. In sound, healthy lads, a box on the ears may not perhaps lead to fatal consequences, though there is always a risk of inducing deafness by rupturing the membrana tympani. In delicate boys, of strumous or tubercular tendency, fatal consequences may be easily induced, and a master, by giving way to a moment's irritation and an error of judgment, may forfeit a position gained by years of honorable toil, be imprisoned for manslaughter, and thus ruined for life. (Lancet.)

NEGLECT OF CREDIT.—The New York Medical Record of a recent date contained an abstract of Dr. Marvin's excellent paper upon Yellow Fever, published in the American Practitioner, but failed to credit this journal.

A similar sin of omission is to be recorded of the Hospital Gazette, December 12th, which gives an extract from one of Dr. Vandell's letters, but no mention is made of the American Practitioner, in which the letter was published. Since we come again to notice the introduction of the extract, we observe Dr. Vandell's name is not given, but a Dr. Tandell is credited with it. Now who is this Dr. Tandell that has been purloining Dr. Vandell's letters; and in what journal has he published them, so as to impose on the Hospital Gazette?

Gentlemen, you are welcome to increase the interest and enhance the value of your publications by material from the American Practitioner, but please give credit.

INDEX MEDICUS.—F. Leypoldt, No. 37 Park Row, New York City, proposes to publish, under the above title, a monthly classified record of the current medical literature of the world, compiled under the supervision of Dr. John S. Billings, Surgeon of the United States Army, and Dr. Robert Fletcher, M. R. C. S., England. The names of editors and publisher are guarantees of the value and appearance of this proposed publication. We heartily commend it to professional support.

EVIL RESULTS OF NEWSPAPER NOTORIETY.—From the Paris correspondent of the London Lancet, January 4, we make the following extract, hoping that some doctors who are perpetually seeking newspaper fame will take warning:

The *Paris Médical* takes Professor Charcot to task for an eulogistic article published in the *Figaro*, and in which the celebrated physician is represented as the renovator of modern science. A series of articles, tending to the same conclusion, has lately appeared in the *France*, in the *Petit Journal*, in the *Charivari*, and various political and humoristic papers. The rather unenviable celebrity which the learned professor has thereby acquired, much to his annoyance and entirely against his desire, may perhaps serve to explain his unexpected failure as a candidate for the Institut (Academy of Sciences), where, at the last election, he only polled three votes out of fifty-nine, Professor Marey being the successful candidate. The *Paris Médical* goes on to say that medical men and students are unable to obtain entrance to the lectures, owing to the throng of the general public, "Whilst shopmen and clerks are present at what they call the *Salpêtrière tableaux vivants*. We know," says the *Paris Médical*, "an *employé* who amuses himself every Sunday at this hospital. All last week the salesmen at the Bon Marché (a large drapery establishment) were joking about the women they had seen the previous Sunday. It is deeply to be regretted that these exhibitions (*sic*) are not reserved exclusively for the profession."

DR. BLUNDELL'S PARTIAL ANTICIPATION OF BATTEY'S OPERATION.—In a paper in the Lancet, June, 1829, on the Surgery of the Abdomen, Dr. Blundell makes the following observation: "*The Extirpation of the Healthy Ovaries*.—This operation, even granting it to be safe, can scarcely in any instance be necessary, though it may be observed by the way, that it would probably be found an effectual remedy in the worst cases of dysmenorrhœa, and in bleeding from monthly determination of the inverted womb, when the extirpation of this organ was rejected."

THE NATIONAL MEDICAL REVIEW.—This is the excellent title of the last addition to American medical journalism. This recent candidate for professional support is edited by Dr. Walter S. Wells, contains valuable original matter, judicious selections, is well printed, and is of course published in Washington City. We have long believed that the National Capital was the best place upon the continent for making the best American medical journal; not probably the most successful as a financial venture, for not as mere money-making expedients do the best things in science and literature come. No where in the United States can a medical editor, learned and scholarly as all medical editors are supposed to be, so certainly and so well find what has been done and is being done in Medicine, as in Washington. There is the National Medical Library, with its treasures not merely old but new, for into that great reservoir streams of all valuable publications—whether books, pamphlets or journals—are continually flowing. Whether the new journal will be worthy its name and its opportunities, remains for the future to determine.

THE METRIC SYSTEM.—At the regular weekly meeting of the Richmond Medical Club, held Friday, January 10, 1879, Dr. Jutzi called attention to the propriety of adopting the metric system of weights and measures. As a means of testing the sense of the club, Dr. Hibberd moved "that on and after the first day of March next, the members of this club will use the metric system to designate quantities in writing prescriptions." After full and free discussion, the motion was adopted without a negative vote. Dr. Hibberd was requested to communicate this action to the American Practitioner, and to have notice of it published in the city papers for advice to apothecaries.

PROF. W. H. GOBRECHT, M. D.—This able and distinguished teacher of anatomy now occupies the anatomical chair in the Fort Wayne Medical College. The school is peculiarly fortunate in securing such an important accession.

POSITION OF THE PLACENTA INDICATING SEX.—Dr. Thomas B. Tuckey, in the Dublin Medical Press and Circular, March, 1878, and more recently in the Practitioner, December, maintains that when the placenta is attached to the left of the median line the fetus is female, and when to the right of that line the fetus is male; in other words, the boys come from the right ovary, and the girls from the left! This notion as to the relative functions of the ovaries is quite old. Melancthon went a little farther than Dr. Tuckey, and was equally rational when he put the right and left testicles in partnership with the corresponding parts of the womb in the determination of sex. This famous reformer of the sixteenth century—his theology, we hope, was better than his physiology—made the following statement, which in positiveness is quite equal to any of Dr. T.'s conclusions: *Mares nascuntur magis in dextrâ parte matricis, et a semine quod magis a dextro testiculo oritur. Fœmelle in sinistrâ parte nascuntur.*

Dr. Tuckey's theory has no more substantial ground than Melancthon's. In the first place, it is extremely doubtful as to the placenta being attached in the majority of cases to the right or left of the median line. Next, according to the best authorities in obstetric auscultation, the *souffle*—once known as *placental*, now called *uterine*—is not a guide to the position of the placenta. Third, certain orders in the animal world have but a single ovary completely developed and active—this ovary, of course, being quite as competent to produce one as the other sex. Finally, facts which any ovariologist who has had many successful operations could give, would knock this effete, absurd theory to the depths of oblivion.

Dr. T. suggests, apparently with child-like innocence of all knowledge of what ovariologists have stated in this regard, that conclusive proofs or disproofs would easily be collected, "if any of our great ovariologists could be got to turn their attention to the matter." Now if this gentleman had read Spencer Wells's Diseases of the Ovaries, he would have found that at least one great ovariologist had turned his attention to the matter; learning the conclusion of such attention, Dr. T. could hardly attempt the resuscitation of a dead theory.

PROTEST AGAINST POLYPHARMACY.—The following extract from the second volume of Dr. Latham's works, recently issued by the Sydenham Society, will, if not meeting with the hearty approval of the majority of physicians, at least furnish subject for reflection to all:

Fortunate the man who can get rid of an asthmatic attack on any terms; but unfortunate the art that is content with a rare fortuitous and unaccountable success; it must be either retrograde or stationary. To scatter above twenty remedies, and let hit which may, is like pigeon-shooting in companies. The bird falls; but whose gun was it that brought it down? Nobody is reputed a better marksman after a hundred volleys. With all the credit due to pharmaceutical chemistry, and all our obligations to it, I doubt whether, in one chief respect, it has not done some harm. To bring many important remedies together, and unite them by a lucky combination, and compress them within a small compass, and so place them within the common reach, all this gives a facility of prescribing which is hurtful to the advance of medical experience.

LECTURES ON THE SURGERY OF THE FACE.—The Lettsomian Lectures for 1878, which were delivered by Francis Mason, Esq., F. R. C. S., on the Surgery of the Face, consisted of three lectures. They were published in the *London Lancet*, with but a few of the drawings used by the lecturer for illustration. Mr. Mason was good enough to furnish us with a complete series of all the woodcuts, and they will be brought out for the first time in the *American Practitioner*. A fourth lecture, to consist of an abstract of Mr. Mason's work on Cleft Palate, will be added. The series will be all that is best and latest on these interesting subjects, of which the author is a recognized master.

OUR LONDON LETTER.—We regret to be obliged to go to press without a letter from our London correspondent, but the January number can not longer be delayed. A similar mishap is not likely to occur again. The loss to our readers shall be made good by one or more extra letters from occasional correspondents during next summer.